

MED – ICD-10 Cross Walk Team

Diagnosis code Crosswalk Process

Purpose: The steps are intended to provide general process guidelines for cross walking the ICD-9 diagnosis codes to the ICD-10 diagnosis codes.

By October 1, 2015, Iowa Medicaid must transition to the International Classifications of Diseases 10th Edition (ICD-10) code set from the current ICD-9 code set. The transition to ICD-10 will impact every system, process, and transaction that contains or uses a patient diagnosis or procedure code. Medical Services provides medical management, clinical expertise, and analysis to support the policy and business level efforts to achieve strategic implementation of ICD-10.

Identification of Roles:

Medical Coding Specialist – Maps ICD-9 to ICD-10 codes according to processes. Utilize attention to detail in analyzing, processing, and closing assigned codes/code sets. Seek assistance as needed. Monitor pending codes at least weekly and as appropriate.

Quality Improvement Facilitator (QIF) – Reviews identified aggregate code sets as processed by coders for completeness and accuracy. Monitors escalated and pending codes at least weekly and as appropriate.

Performance Standards:

Medical Coding Specialist – Maintains average personal (Internal Quality Control) IQC score of 95% or greater.

Quality Improvement Facilitator (QIF) – Completes IQC activities for team within assigned timeframes. Utilizes attention to detail in analyzing, processing, and closing escalated codes/code sets. Is a resource to the rest of the team by providing answers to questions necessary to complete assignments.

Path of Business Procedure:

Step 1: Identify the assigned code or “*aggregate code set*” or equivalent aggregation -- *An equivalent aggregation represents a grouping of ICD-10 codes which represent a medical concept that spans multiple codes. At IME, requests for equivalent aggregations, or aggregated code sets, will come to the Cross Walk team primarily in the form of “requirements” from the larger ICD-10 Project Team or other IME Units.*

- From assigned list of codes/code sets/chapters **OR**
 - Per “*requirement*”^{**} from ICD-10 Project Group, Medical Services, or another IME Unit
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Note: *If the assignment relates to a requirement, first identify the category(s) or the reason for the selected indicator(s) [often relevant to the MMIS reference file; special edits; or IME policy related to the code] which are the focus of this code set. Categories for aggregate codes sets, or requirements, will be finalized and entered into IMAG tool (ICD-10 Mapping and Grouping Tool – see Appendix for IMAG User Guide) by the Quality Improvement Facilitator (QIF) or Manager.*

Examples:

- *Category: Pregnancy Indicator (from “Pregnancy Indicator” report)*
- *Category: Abortion (assigned “Requirement”)*
- *Categories: Chiropractic Primary; and Chiropractic I, II, and III*

The category is defined in IMAG by the manager or QIF, and the status of the category is updated as needed. This category is applied to every ICD-9 and ICD-10 code within the aggregate code set in the IMAG tool.

Step 2: Briefly review the **source code**’s narrative description in the coding book. Note how it is categorized in its current structural format (ICD-9 or ICD-10: clinical and numeric relationships). Review the codes surrounding the source code in the coding book and assess organizational structure and level of specificity, as well as any coding guidelines or instructions that may apply.

Step 3: Identify the associated GEM mapping(s) in the “CMS GEMs Crosswalk” or in the IMAG tool.

- Locate the identified code(s) as the source code (If it is an ICD-9 code, look in the 9 to 10 GEMs; if it is an ICD-10 code, look first in the 10 to 9 GEMs). Identify and note all Target Codes associated with it in the GEM listings.
- Visually assess for other proximal and/or numerically similar mappings. This may include GEMs with Source Codes very similar to the original Source Code and/or GEMs with the same or very similar Target Codes. Make note of newly associated codes.

Step 4: Review the corresponding noted codes' narrative description(s) in the Target Code's respective coding book, on-line. Note the categorization in its current structural format (ICD-9 or ICD-10: clinical and numeric relationships), as well as any coding guidelines or instructions that may apply.

Step 5: Confirm GEM mapping and document in the IMAG tool; **AND/OR** add additional codes that the GEMS omitted; **OR** challenge the GEMs mapping by escalating the code.

- Return to the GEMs in the "CMS GEMs Crosswalk" or in the IMAG tool. Search for the initially identified code as the **Target Code** in the opposite GEMs listing (if it is an ICD-9 code, do a search in the 10 to 9 GEMs; if it is an ICD-10 code, do a search in the 9 to 10 GEMs).
- Then search for the new corresponding codes from the GEMs as the **Source Code** (from the opposite GEM list, where it was identified as the Target Code.).
- Continue to visually assess for other proximal and/or numerically similar mappings and make note. This may include Source Codes very similar to the original Source Code and/or with the same or very similar Target Codes. Make note of newly associated codes.

Step 6: Utilize the "Code Search Text" function on the "Code/Group Search" panel on the "Analysis" tab of the IMAG tool.

- Search for key words or phrases contained in the code descriptions you have identified, to direct you to other code sets or areas in ICD-10 that may have applicable codes for analysis.

Step 7: Crosswalk groupings in IMAG should be expanded to include all codes in the opposite set (ICD-9 to ICD-10 or vice versa) to the level of specificity in the opposite code set, whenever the source code is the optimal match for those more specific codes. These additional codes are often identified by checking the source code as a target code in the opposite set, or vice versa; and/or by looking in the code book; and/or by doing text searches in IMAG.

- If a GEM mapping cites one body part or region but other applicable body parts or regions are equally relevant, include all applicable body regions in the crosswalk groupings (*and category / aggregate set if applicable*).
- If a GEM mapping cites one trimester of pregnancy but other trimesters are equally relevant, include all applicable trimesters in the crosswalk groupings (*and category / aggregate set if applicable*).

- If a non-specific code maps in the GEMS only to another non-specific code in the opposite set, BUT there are more specific codes in the opposite set that map back to that non-specific code as well (i.e. when the source code is used as a target code), INCLUDE CROSS WALK GROUPINGS FOR ALL APPLICABLE CODES for which that non-specific code now has a more specific match. Do not, however, include codes in the crosswalk groupings that have better specific matches in the crosswalk – even though they may still be part of the *category* or *aggregate set*.
 - Every ICD-10 code should be matched to its best ICD-9 code (at least one) on an ICD-9 screen in IMAG, as well as on the ICD 10 screen in IMAG.
- If the GEM is being **challenged** (*the crosswalk is **disagreeing** with the GEMs as opposed to **expanding** the GEMs*), escalated the code and document the rationale on the Escalate Screen in IMAG. If other codes relate similarly to the GEM challenge, create a “Coders’ Group” in IMAG. The additional codes in the Coders’ Group related to the escalated code are then given the status, “Await Rule”.
 - When expanding GEM groupings to include additional body regions or pregnancy trimesters, this is considered a normal crosswalk. The code does not require escalation as a GEM challenge, unless the coder has a question or concern about the mapping or associated reference file or category.
 - When expanding GEM groupings to include additional more specific codes that do not have a better match in the opposite set, this is considered a normal crosswalk. The code does not require escalation as a GEM challenge, unless the coder has a question or concern about the mapping or associated reference file or category.
 - Always *escalate* a code, and make note of associated codes with the same question, to a QIF for further review when there are questions about the mapping, reference file, or any other editing/hard-coding issues. When unsure of a crosswalk, reference file, or category determination, err on the side of caution and escalate the code. *[After one’s judgment is confirmed several times, the need to escalate codes may decrease.]*

Step 8: If a crosswalk grouping has combination groupings and scenarios requiring multiple codes, each code in the combination or scenario is documented in its appropriate grouping in IMAG. These crosswalk groupings are documented in both

screens in IMAG (10 to 9 and 9 to 10) according to the logic and criteria defined in this document.

Step 9: Perform crosswalk mappings on each additional code that was associated to your initial Source or Target code.

- Perform Steps 3 – 7 above for each new code
- When the mapping leads to a code/description that is no longer within the focal range of the **original Source** or **original Target code**, do not include that code in this aggregate equivalent code set. Make note if this may belong to a closely associated aggregate equivalent code set.

Step 10: If a code has no associated GEM mapping verify this is correct by looking it up in the coding book and utilizing the “Code Search” function on the “Code/Group Search” panel on the “Analysis” tab of the IMAG tool. After performing this verification and no corresponding code is found then the code is closed out in IMAG with no cross walk.

Step 11: Review the larger code category(s) in ICD-9 as well as the primary related categories in ICD-10 in the code books and in IMAG. Assess if any related codes have been missed from either source.

Step 12: Monitor and follow up on resolution of escalated codes and associated rules to complete crosswalk groupings and categories.

Forms/Reports:

N/A

RFP References:

MED 10-001-C Amendment 3

Interfaces:

IMAG

MMIS

Attachments:

N/A

MED – ICD-10 Cross Walk Team

Completing Reference File on ICD-10 Codes

Purpose: The steps are intended to provide general process guidelines for completing the reference file on ICD-10 codes in IMAG (ICD-10 Mapping and Grouping Tool).

Identification of Roles:

Medical Coding Specialist – Maps ICD-9 to ICD-10 codes according to processes. Utilize attention to detail in analyzing, processing, and closing assigned codes/code sets. Seek assistance as needed. Monitor pending codes at least weekly and as appropriate.

Quality Improvement Facilitator (QIF) – Reviews identified aggregate code sets as processed by coders for completeness and accuracy. Monitors escalated and pending codes at least weekly and as appropriate.

Performance Standards:

Medical Coding Specialist – Maintains average personal (Internal Quality Control) IQC score of 95% or greater.

Quality Improvement Facilitator (QIF) – Completes IQC activities for team within assigned timeframes. Utilize attention to detail in analyzing, processing, and closing escalated codes/code sets. Is a resource to the rest of the team by providing answers to questions necessary to complete assignments.

Path of Business Procedure:

Step 1: Refer to document: “Code Status Criteria” for applying “Completed”, “Pending”, “Escalating”, or “Awaiting Rule” status to ICD-10 codes.

Step 2: Complete cross-walk groupings per current “Crosswalk Process”.

Step 3: Add applicable categories to the code.

Step 4: Compare the reference file of all ICD-9 codes that map to the ICD-10 code. *(Refer to Appendix, “Reference File Definitions” at the end of this document)*

Step 5: IMPORTANT: *When working on an aggregate code set OR a subsection of chapter codes, ALWAYS view the reference files for the ICD-9 codes around the*

identified ICD-9 codes (utilize spreadsheet –[..\..\Crosswalks\CORE Analysis Documents\MASTER ICD9 CODE LISTS\Cop of MMIS_Diag_Master_10172011.xlsx] to ascertain if codes related to this code have varying indicators. If there is apparent variance for any indicator for similar codes within a code grouping in ICD-9, assess the accuracy of those indicators. If there are questions about the reference file of the code or group of codes, escalate the code (or associate it to an escalated code) for further evaluation by the QIF or Manager.

Step 6: Codes with simple and straightforward cross-walks that have “standard reference files” (see definitions in Appendix below) may be completed and closed without escalation or additional consideration.

Step 7: Instructions for complex cross-walks and “non-standard” reference files:

- Review the established rules documented in IMAG, and on the associated “IMAG Rules” spreadsheet periodically, for established rules that are applicable to assigned code groups; and/or ask QIF’s or manager about any associated IMAG rules.
- **If** the reference file for each associated ICD-9 code is identical for all indicators, you will **generally** complete the ICD-10 code with that same reference file.
 - Assess the rationale for associated Control Codes. If there is no apparent reasonable rationale for the associated Control Code, the code should be escalated for further review. Special care should be given when applying a Control Code 1 (Deny Payment) without confirming rationale. Control Codes 2 and 9 should also be evaluated for intent, and whether the need for review continues with the ICD-10 code.
 - Assess the rationale for other indicators; if any indicator in the ICD-9 code’s reference file is conceptually incorrect, escalate the code for further evaluation. For example, many codes that have the emergency indicator in ICD-9 have been determined ineligible for the indicator in ICD-10 (e.g. blisters, splinters, and muscle strain; and all sequela [after-care] codes which did have the Emergency Indicator in ICD-9).
- **If** the reference files for associated ICD-9 codes differ from one another (a “mixed cross-walk”) **and / or** there are questions about any of the indicators, escalate the ICD-10 code. Assemble a Coder’s Group for other codes with a similar question.
 - **If** there is a “mixed cross-walk”, but -- based on the nature of the code or the code description -- the reference file and indicators are clear, the code may be completed based on the coder’s best judgment.

Step 8: Multiple codes with similar cross-walk or reference file questions should be tagged in a Coder's Group along with an escalated code, and marked with the status, "Awaiting rule."

Step 9: Once the cross-walk is documented in IMAG, and the reference fields and applicable categories are completed, the code should be marked as "Complete".

Step 10: Codes in these assigned chapters should be processed and completed (or pending/ escalated as indicated) in numerical, sequential order to the degree that it is practical.

Step 11: Notify the Manager or QIF when the assigned chapter is complete.

APPENDIX: Reference File Definitions

- The reference file for ICD-10 CM (diagnosis) codes is currently based on the structure of the reference file for ICD-9 codes in MMIS. The "standard" or "default" reference file for a diagnosis code on ICD-9 or ICD-10 is as follows:
 - Accident Indicator – N
 - Emergency Indicator – N
 - Control Code Indicator – 0
 - Sterilization Indicator –N
 - Abortion Indicator – N
 - Family Planning – N
 - *[Minimum Age & Maximum Age – Not applicable at this time; plan to import from CMS Edits Manual in future data load]*
 - *[Sex Indicator – Not applicable at this time; plan to import from CMS Edits Manual in future data load]*
- **The reference file indicators are defined as follows:**
 - **Accident Indicator**
 - Correlates with "trauma" codes for reporting purposes
 - In ICD-9, includes codes 800 – 999.9 (minus 999.4); also includes *some* 700 codes
 - Function of the Indicator in MMIS: If indicator is "Y", a letter of inquiry will be sent from the Revenue Collections Unit in pursuit of Third Party-Payer Liability (TPL).
 - **Emergency Indicator**
 - Services provided in a hospital, clinic, office, or other facility that is equipped to furnish the required care, after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity

(including severe pain), that the absence of immediate attention could reasonably be expected to result in:

- Placing the member's health in serious jeopardy,
- Serious impairment to bodily functions, or
- Serious dysfunction to any bodily organ or part.
- Per IAC 441-78.3(12) – "...The determination of whether a medical emergency exists will be based on the patient's medical condition including presenting symptoms and medical history prior to treatment or evaluation. Includes *"acute allergic reaction", and "acute, severe, respiratory distress"*.
 - Functions of the Indicator in MMIS -- If the indicator is a "Y"
 - No co-pay is taken for medical and institutional claims
 - Provider restrictions for Medipass and IowaCare recipients are lifted
 - List of codes (which mirrors list in MMIS) is here:
<..\..\Crosswalks\Ref File Indicators and NonAggregate Categories\Emergency Indicator\EmergencyDiagnosisCodes.xls>
- Not all accidents and injury diagnosis codes are eligible for the emergency indicator. Many codes that have the emergency indicator in ICD-9 have been determined ineligible for the indicator in ICD-10 (e.g. blisters, splinters, and muscle strain; and all sequela [after-care] codes which did have the Emergency Indicator in ICD-9).
 - Evaluation of these codes is done from the perspective of a "prudent layperson (*per guidance of IME Policy – June 2012*)."
 - IME Medical Services Unit may be utilized as a reference for codes that are escalated in this regard.
- **Control Code**
 - Function in MMIS: Determines whether a code pays, suspends for review, or is denied
 - If the Control Code is "0", there are no edits
 - If the Control Code is "1", the diagnosis is non-payable
 - If the Control Code is "2", the diagnosis requires review by Medical Services. There is a list of associated edits with Control Code 2 (see QIF or manager for more information)
 - If the Control Code is "9", the diagnosis requires that additional documentation be attached. There is a list of associated edits with Control Code 9 (see QIF or manager for more information)

- **Sterilization Indicator**
 - Function in MMIS: If the indicator is “Y”, associated claims are bypassed from EOMB reporting.
- **Abortion Indicator**
 - Function in MMIS: If the indicator is “Y”, associated claims are bypassed from EOMB reporting.
- **Family Planning Indicator**
 - Has already been addressed for all applicable codes by new Family Planning categories in IMAG
 - Function in MMIS:
 - If the indicator is “Y”,
 - Associated claims are bypassed from EOMB reporting
 - The Category of Service goes to 60 (Family Planning) and splits the claim for federal report to CMS Family Planning at 90%.
 - NO co-pay is taken for medical or institutional claims
 - Medipass edits are lifted

Forms/Reports:

N/A

RFP References:

MED 10-001-C Amendment 3

Interfaces:

IMAG

MMIS

Attachments:

N/A

MED – ICD-10 Cross Walk Team

Criteria for Category “Unspecified” Codes for Future Surveillance

Purpose: The steps are intended to provide general process guidelines for identifying the ICD-10 codes in IMAG (ICD-10 Mapping and Grouping Tool) that should qualify for the anticipated “Pay and Report” status. This will allow for future trending and analysis of utilization, and possible targeted provider education. This category will not cause a code to suspend or be denied. Anticipated edit is to apply ONLY if the code is the primary or principal diagnosis on a claim.

Identification of Roles:

Medical Coding Specialist – Maps ICD-9 to ICD-10 codes according to processes. Utilize attention to detail in analyzing, processing, and closing assigned codes/code sets. Seek assistance as needed. Monitor pending codes at least weekly and as appropriate.

Quality Improvement Facilitator (QIF) – Reviews identified aggregate code sets as processed by coders for completeness and accuracy. Monitors escalated and pending codes at least weekly and as appropriate.

Performance Standards:

Medical Coding Specialist – Maintains average personal (Internal Quality Control) IQC score of 95% or greater.

Quality Improvement Facilitator (QIF) – Completes IQC activities for team within assigned timeframes. Utilizes attention to detail in analyzing, processing, and closing escalated codes/code sets. Is a resource to the rest of the team by providing answers to questions necessary to complete assignments.

Path of Business Procedure:

Step 1: Apply IMAG CATEGORY: “Unspecified Codes for Future Surveillance” to “unspecified” codes IF:

- There are other more specific codes related to body site or laterality **OR**
- There are other more specific codes related to pregnancy stage, trimester, or fetus #, **OR**
- There is an option of “Other....” or “Other Specified...” in addition to the “Unspecified” code option
AND
- There are NO specific diagnoses listed under the code as examples that would be appropriate utilization of the code

Step 2: Do NOT apply this category IF:

- There is **not** a more appropriate code option (e.g. COPD J44.9) **OR**
- There ARE specific diagnoses listed under the code as examples that would be appropriate utilization of the code

Step 3: Some “Unspecified” codes have an apparent example below that simply repeats the diagnosis description, followed by “NOS”. This is *not* an example of an appropriate utilization of the code, and should not eliminate this code from the “Unspecified” Category. Neither does it qualify the code for category; the code should still be evaluated according to this entire criteria.

Step 4: When in question, escalate the code for further review.

NOTE: An additional rule regarding this category was added to IMAG (ICD-10 Mapping And Grouping Tool) on 4/26/2012, Rule #R0019 – Other & Unspecified Codes: “Per ICD-10 Coding guidelines codes titled “other” or “other specified” are for use when the information in the medical record provides detail for which a specific code does not exist. Unspecified codes are for use when the information in the medical record is insufficient to assign a more specific code. For those categories for which an unspecified code is not provided, the “*other specified*” code may represent both other and unspecified. An ICD-10 “other” or “other specified” code should be cross-walked to an “other” or “other specified” ICD-9 code, not an “unspecified” code. If the category does not include an “unspecified” code then it is appropriate to cross-walk an “unspecified” code to an “other” code.

If the GEMs go against the above rule, please over ride them using Rule # R0019 above.

[Example: ICD-10 code I70.239 (Atherosclerosis of native arteries of right leg with ulceration of unspecified site) is a combination code and cross-walks to 440.23 (Atherosclerosis of the extremities with ulceration) & 707.19 (Ulcer of other part of lower limb) according to the GEMs. However, there is a code for ulcer of lower limb, unspecified (707.10) that is more appropriate. 707.10 only maps to L97909 (an ulcer code); it did not map to any of the combination codes in the circulatory chapter. Therefore, we did not follow the GEMs in this case and only mapped to 707.10 & 440.23.]

Forms/Reports:

N/A

RFP References:

MED 10-001-C Amendment 3

Interfaces:

IMAG

MMIS

Attachments:

N/A

MED – ICD-10 Cross Walk Team

Procedure Code Cross Walk Process

Purpose: The steps are intended to provide general process guidelines for cross walking the ICD-9 procedure codes to the ICD-10 procedure codes.

Identification of Roles:

Medical Coding Specialist – Maps ICD-9 to ICD-10 codes according to processes. Utilize attention to detail in analyzing, processing, and closing assigned codes/code sets. Seek assistance as needed. Monitor pending codes at least weekly and as appropriate.

Quality Improvement Facilitator (QIF) – Reviews identified aggregate code sets as processed by coders for completeness and accuracy. Monitors escalated and pending codes at least weekly and as appropriate.

Performance Standards:

Medical Coding Specialist – Maintains average personal (Internal Quality Control) IQC score of 95% or greater.

Quality Improvement Facilitator (QIF) – Completes IQC activities for team within assigned timeframes. Utilizes attention to detail in analyzing, processing, and closing escalated codes/code sets. Is a resource to the rest of the team by providing answers to questions necessary to complete assignments.

Path of Business Procedure:

Step1: Identify the assigned code or “*aggregate code set*”* --

- From assigned list of codes/code sets/chapters **OR**
- Per “*requirement*”** from ICD-10 Project Group, Medical Services, or another IME Unit

Note: *If the assignment relates to a requirement, first identify the category(s) or the reason for the selected indicator(s) [often relevant to the MMIS reference file; special edits; or IME policy related to the code] which are the focus of this code set. Categories for aggregate codes sets, or requirements, will be finalized and entered into IMAG tool (ICD-10 Mapping and Grouping Tool) by the Quality Improvement Facilitator (QIF) or Manager. Examples:*

- *Category: Transplant*
- *Category: Gastroplasty*

The category is defined in IMAG by the manager or QIF, and the status of the category is updated as needed. This category is applied to every ICD-9 and ICD-10-PCS code within the aggregate code set in the IMAG tool.

Step 2: Begin with typing the first 3 digits of the code set you are working on in the search box in iMAG. Click the button “Save This Search List” and retrieve from the iMAG folder in the C-drive. Save this document to your personal folder and use as your “working document”.

Step 3: Type the first code from the “working document” into the search box and select it.

Step 4: Briefly review the **source code**’s narrative description in the coding book. Note how it is categorized in its current structural format (ICD-9 or ICD-10-PCS: clinical and numeric relationships). Review the codes surrounding the source code in the coding book and assess organizational structure and level of specificity, as well as any coding guidelines or instructions that may apply.

Step 5: Identify the associated GEM mapping(s) in the “CMS GEMs Crosswalk” or in the IMAG tool.

- In the GEMs locate the identified code(s) as the source code (If it is an ICD-9 code, look in the 9 to 10 GEMs; if it is an ICD-10 code, look first in the 10 to 9 GEMs). Identify and note all Target Codes associated with it in the GEM listings. In the iMAG tool, pull up the GEM file in the analysis tab, and enter the code.
- Visually assess for other proximal and/or numerically similar mappings. This may include GEMs with Source Codes very similar to the original Source Code and/or GEMs with the same or very similar Target Codes. Make note of newly associated codes.

Step 6: Review the corresponding noted codes’ narrative description(s) in the Target Code’s respective coding book, on-line. Note the categorization in its current structural format (ICD-9 or ICD-10: clinical and numeric relationships), as well as any coding guidelines or instructions that may apply.

Step 7: Utilize your “working document” to note which PCS codes the ICD-9 code refers to.

Step 8: Confirm GEM mapping and document in the IMAG tool; **AND/OR** add additional codes that the GEMS omitted; **OR** challenge the GEMs mapping by escalating the code.

- Return to the GEMs in the “CMS GEMs Crosswalk” or in the IMAG tool. Search for the initially identified code as the **Target Code** in the opposite GEMs listing (if it is an ICD-9 code, do a search in the 10 to 9 GEMs; if it is an ICD-10 code, do a search in the 9 to 10 GEMs).
- Then search for the new corresponding codes from the GEMs as the **Source Code** (from the opposite GEM list, where it was identified as the Target Code.).
- Continue to visually assess for other proximal and/or numerically similar mappings and make note. This may include Source Codes very similar to the original Source Code and/or with the same or very similar Target Codes. Make note of newly associated codes.

Step 9: Utilize the “Code Search Text” function on the “Code/Group Search” panel on the “Analysis” tab of the IMAG tool.

- Search for key words or phrases contained in the code descriptions you have identified, to direct you to other code sets or areas in ICD-10 that may have applicable codes for analysis.

Step 10: Crosswalk groupings in IMAG should be expanded to include all codes in the opposite set (ICD-9 to ICD-10-PCS or vice versa) to the level of specificity in the opposite code set, whenever the source code is the optimal match for those more specific codes. These additional codes are often identified by checking the source code as a target code in the opposite set, or vice versa; and/or by looking in the code book; and/or by doing text searches in IMAG.

- If a GEM mapping cites one body part or region but other applicable body parts or regions are equally relevant, include all applicable body regions in the crosswalk groupings (*and category / aggregate set if applicable*).
- If the GEM is being **challenged** (*the crosswalk is **disagreeing** with the GEMs as opposed to **expanding** the GEMs*), escalate the code and document the rationale on the Escalate Screen in IMAG. If other codes relate similarly to the GEM challenge, create a “Coders’ Group” in IMAG. The additional codes in the Coders’ Group related to the escalated code are then given the status, “Await Rule”.

- When expanding GEM groupings to include additional body regions this is considered a normal crosswalk. The code does not require escalation as a GEM challenge, unless the coder has a question or concern about the mapping or associated reference file or category.
- Always *escalate* a code, and make note of associated codes with the same question, to a QIF for further review when there are questions about the mapping, reference file, or any other editing/hard-coding issues. When unsure of a crosswalk, reference file, or category determination, err on the side of caution and escalate the code. *[After one's judgment is confirmed several times, the need to escalate codes may decrease.]*
- If the ICD-10 PCS code cross walks to more than one ICD-9 code with different control codes, they should be escalated for determination of the correct control code. *For example, if one ICD-9 code carries A0053 (deny) and the other A0055 (suspend for medical), escalate the code. (Create a coder group if necessary and await-rule the associated rules.)*

Step 11: If a crosswalk grouping has combination groupings and scenarios requiring multiple codes, each code in the combination or scenario is documented in its appropriate grouping in IMAG. These crosswalk groupings are documented in both screens in IMAG (10 to 9 and 9 to 10) according to the logic and criteria defined in this document.

Step 12: If several ICD10-PCS codes crosswalk to the same ICD-9 code and they all have the same reference file, the “Replicate Codes” feature may be used. This is found under the Admin tab/Coder screen in iMAG. The coder must first complete the base code with the correct information and then go into the Admin tab/Coder screen. The type of code must first be selected and then enter the base code in the “Select Base Code” field. Next the coder clicks on the “Select code to Replicate” button and chooses all the codes she wishes to be replicated. If the code has already been completed it will show up in the “Codes Not Replicated” field.

Step 13: Perform crosswalk mappings on each additional code that was associated to your initial Source or Target code.

- Perform Steps 3 – 12 above for each new code
- When the mapping leads to a code/description that is no longer within the focal range of the **original Source** or **original Target code**, do not include that code in this aggregate equivalent code set. Make note if this may belong to a closely associated aggregate equivalent code set.

Step 14: Keep track of codes that have been worked on your “working document”, as IMAG does not currently show the previous code once it is saved.

Step 15: Review the larger code category(s) in ICD-9 as well as the primary related categories in ICD-10 in the code books and in IMAG. Assess if any related codes have been missed from either source.

Step 16: Monitor and follow up on resolution of escalated codes and associated rules to complete crosswalk groupings and categories.

Forms/Reports:

N/A

RFP References:

MED 10-001-C Amendment 3

Interfaces:

IMAG

MMIS

Attachments:

N/A

MED – ICD-10 Cross Walk Team

Process for Completing Reference File on ICD-10-PCS Codes

Purpose: The steps are intended to provide general process guidelines for completing the reference file on ICD-10 codes in IMAG (ICD-10 Mapping and Grouping Tool).

Identification of Roles:

Medical Coding Specialist – Maps ICD-9 to ICD-10 codes according to processes. Utilize attention to detail in analyzing, processing, and closing assigned codes/code sets. Seek assistance as needed. Monitor pending codes at least weekly and as appropriate.

Quality Improvement Facilitator (QIF) – Reviews identified aggregate code sets as processed by coders for completeness and accuracy. Monitors escalated and pending codes at least weekly and as appropriate.

Performance Standards:

Medical Coding Specialist – Maintains average personal (Internal Quality Control) IQC score of 95% or greater.

Quality Improvement Facilitator (QIF) – Completes IQC activities for team within assigned timeframes. Utilizes attention to detail in analyzing, processing, and closing escalated codes/code sets. Is a resource to the rest of the team by providing answers to questions necessary to complete assignments.

Path of Business Procedure:

Step 1: Refer to document: “Code Status Criteria” for applying “Completed”, “Pending”, “Escalating”, or “Awaiting Rule” status to ICD-10 codes.

Step 2: Complete cross-walk groupings per current “Crosswalk Process”.

Step 3: Add applicable categories to the code.

Step 4: Compare the reference file of all ICD-9 codes that map to the ICD-10 PCS code. (*Refer to Appendix, “Reference File Definitions” at the end of this document*)

Step 5: IMPORTANT: *When working on an aggregate code set OR a subsection of chapter codes, ALWAYS view the reference files for the ICD-9 codes around the*

identified ICD-9 codes (utilize spreadsheet –[[..\..\Crosswalks\CORE Analysis Documents\MASTER ICD9 CODE LISTS\Copy of MMIS Diag Master 10172011.xlsx](#)] to ascertain if codes related to this code have varying indicators. If there is apparent variance for any indicator for similar codes within a code grouping in ICD-9, assess the accuracy of those indicators. If there are questions about the reference file of the code or group of codes, escalate the code (or associate it to an escalated code) for further evaluation by the QIF or Manager.

Step 6: Codes with simple and straightforward cross-walks that have “standard reference files” (see definitions in Appendix below) may be completed and closed without escalation or additional consideration.

Step 7: Instructions for complex cross-walks and “non-standard” reference files:

- Review the established rules documented in IMAG, and on the associated “IMAG Rules” spreadsheet periodically, for established rules that are applicable to assigned code groups; and/or ask QIF’s or manager about any associated IMAG rules.
- If the reference file for each associated ICD-9 code is identical for all indicators, you will *generally* complete the ICD-10-PCS code with that same reference file.
 - Assess the rationale for other indicators; if any indicator in the ICD-9 code’s reference file is conceptually incorrect, escalate the code for further evaluation.
- If the reference files for associated ICD-9 codes differ from one another (a “mixed cross-walk”) and / or there are questions about any of the indicators, escalate the ICD-10-PCS code. Assemble a Coder’s Group for other codes with a similar question.
 - If there is a “mixed cross-walk”, but -- based on the nature of the code or the code description -- the reference file and indicators are clear, the code may be completed based on the coder’s best judgment.

Step 8: Multiple codes with similar cross-walk or reference file questions should be tagged in a Coder’s Group along with an escalated code, and marked with the status, “Awaiting rule.”

Step 9: Once the cross-walk is documented in IMAG, and the reference fields and applicable categories are completed, the code should be marked as “Complete”.

Step 10: Codes in these assigned chapters should be processed and completed (or pended/ escalated as indicated) in numerical, sequential order to the degree that it is practical.

Step 11: Notify the Manager or QIF when the assigned chapter is complete.

APPENDIX: Reference File Definitions

- The reference file for procedures, as documented by the Crosswalk Team, will have three fields with these default values:
 - *Once in a lifetime (Life Svc) – N (No) {New field in IMA*
 - *Prior Authorization (PA_Ind) – N (No)*
 - *Control Code (CC) – 0 (None, or “Pay”)*
- The PCS reference file Indicators are defined as follows
 - Once in a Lifetime (Life Svc field in IMAG) – This has not been in use for ICD-9 procedure codes in our current system. It was only in use for CPT codes in the past. It will be for procedures such as appendectomy, or left arm amputation, where a procedure can only be performed one time within an individual’s lifetime.
 - A group of “Once in a Lifetime” procedure codes have been suggested by Policy and Medical Services. These have been placed in IMAG Category A0116 and routed for approval after completion of crosswalk.
 - 3. Prior Authorization (PA Ind field in IMAG) – There are three options for Prior Authorization in our current system: I (IFMC), R, N. This will be changed with ICD-10 to Y (Yes - prior auth is required) and N (No prior auth required)
 - 4. Control Code – (These were inadvertently not integrated into IMAG, so have been created as new IMAG Categories. The categories have been pre-populated with the ICD-9 codes that have a Control Code other than the default value of “0”). The Control Code determines whether a code pays, suspends for review, or is denied
 - A0053 Procedure Control Code D (Deny) -- If the Control Code is a “D, the procedure is non-payable. Escalate these codes if the reason that the procedure should deny is unclear.
 - A0054 Procedure Control Code R (Suspend for review [*Core, then Medical*]) OR A0055 Procedure Control Code S (Suspend for review [*Medical*]) -- Give consideration to greater specificity and look at code groups rather than exclusively “code-to-code” cross walks. Escalate if you are unsure if the CC in ICD-9 is appropriate for the ICD-10 code.
 - A0056 Procedure Control Code X (Exception to Policy) -- If the Control Code is “X”, the procedure requires an Exception to Policy (ETP). There is only one

code at this time with a control code of X; but the plan is to utilize this function more in the future.

Forms/Reports:

N/A

RFP References:

MED 10-001-C Amendment 3

Interfaces:

MMIS

IMAG

Attachments:

N/A

MED – ICD-10 Cross Walk Team

Process for Creating a Coders Group

Purpose: The steps are intended to provide general process guidelines for completing creating a coders group of related ICD-10 codes in IMAG (ICD-10 Mapping and Grouping Tool).

Identification of Roles:

Medical Coding Specialist – Maps ICD-9 to ICD-10 codes according to processes. Utilize attention to detail in analyzing, processing, and closing assigned codes/code sets. Seek assistance as needed. Monitor pending codes at least weekly and as appropriate.

Quality Improvement Facilitator (QIF) – Reviews identified aggregate code sets as processed by coders for completeness and accuracy. Monitors escalated and pending codes at least weekly and as appropriate.

Performance Standards:

Medical Coding Specialist – Maintains average personal (Internal Quality Control) IQC score of 95% or greater.

Quality Improvement Facilitator (QIF) – Completes IQC activities for team within assigned timeframes. Utilizes attention to detail in analyzing, processing, and closing escalated codes/code sets. Is a resource to the rest of the team by providing answers to questions necessary to complete assignments.

Path of Business Procedure:

Step 1: A Coders group is created to batch groups of codes together in one location for easy access. There are several reasons why a coder would create a Coders Group:

- To batch several codes together to analyze for category placement. (i.e.: all unspecified codes in a section)
- For quick referencing a number of codes that match similar attributes (i.e.: All codes in the pregnancy section that have 5th digits of 2 and 4)
- For codes with an identical question as a code that has been escalated (awaiting rule). So, when the answer is returned and/or a rule is made on the escalated code; this can easily be applied to all similar codes.

Step 2: Creating a Coders Group

- Under “ANALYSIS” tab in IMAG, click on “Categories”. Then click the “Group and Categories- Create/Modify” button.

- Fill in bubble next to “Coders Group” and click the “Create New Group” button.
 - The Code will auto populate to the next available code.
- Label coders group with your initials- short description of group. What is this group for?
 - If the group is awaiting a rule on an escalated code, identify the escalated code for ease of use. (i.e.: MJH- 715.8- code set, mapping question. M15.3 escalated)
- Click the “SAVE” button. A pop up box indicating “Code details saved” will appear. Click “OK”.
- Exit out of that screen, and open the “Code/Group Search” Screen.

Step 3: Editing a Coders Group

- Under “ANALYSIS” tab in IMAG, click on “Categories”. Then click the “Group and Categories- Create/Modify” button.
- Fill in bubble next to “Coders Group” and click the “EDIT or VIEW” button.
- Select the drop down button and scroll to the desired code you wish to edit.
- Edit the Short Description, and click “SAVE” when you are finished.
- If you wish to delete the Coders Group, select the box next to “Delete Group”
- A pop up box indicating “Code details saved” will appear. Click “OK”

Step 4: Viewing / Modifying a Coders Group

- Under “ANALYSIS” tab in IMAG, click on “Code/Group Search” Screen.
- Fill in bubble next to “Coders Group” (on right side) and click the “Get Group” button.
- Click the drop down arrow and scroll to the Coders Group you wish to view. Click “View”.
 - The ICD 9 Codes and ICD 10 Codes columns will populate with any codes previously entered.
- To modify the codes, click the “Edit” Button.
- On the left side, in the “Code Search Text” box, type in the first few digits of the codes you are looking for.
 - The codes containing the digits will populate in the columns.
- Double click on the codes you wish to add to the Coders Group.
 - The codes you select will populate in the columns on the right.
- Repeat steps 10 and 11 as necessary, until you have added all codes required to the Coders Group.
 - You can return to the editing portion at any time to add or remove codes from your group.

- In order to remove a code from the Coders Group, select the code from the columns on the right, and click the “Clear ICD9 Code” or “Clear ICD10 Code” button, depending on which column the code is in.
- When you are finished, and wish to save the Coders Group, click the “Done Editing” button on the right side.

Step 5: Copy/Paste Information:

- If you wish to copy contents of the Coders Group, click the “To XL Sheet”.
- If there is no file already saved on the C drive, a pop up box will appear that says, “The XL file is saved to C:\iMAG\GroupDetails.xlsx”. Click “OK”.
- If a file is already on the C drive, a pop up box will appear that says, “A file named ‘C: IMAg\GroupDetails.xlsx’ already exists in this location. Do you want to replace it?” Click “Yes”.
- From the start menu, click on “My Computer”, and double click on “Local Disk (C :)”. Double click on iMAG folder and double click “Group Details” file.
- Save the file under a different name and choose the location you would like to save to.
- Right click on the file in iMAG, and select “delete”.

Forms/Reports:

N/A

RFP References:

MED 10-001-C Amendment 3

Interfaces:

MMIS
IMAG

Attachments:

N/A

MED – ICD-10 Cross Walk Team

Test Case Writing Process

Purpose: These steps provide general process guidelines on how to write Test cases using the template in TFS (Team Foundation Server) to the level of specificity that the test case can be executed successfully.

Identification of Roles:

Medical Coding Specialist – Maps ICD-9 to ICD-10 codes according to processes. Utilize attention to detail in analyzing, processing, and closing assigned codes/code sets. Seek assistance as needed. Monitor pending codes at least weekly and as appropriate.

Quality Improvement Facilitator (QIF) – Reviews identified aggregate code sets as processed by coders for completeness and accuracy. Monitors escalated and pending codes at least weekly and as appropriate.

Performance Standards:

Medical Coding Specialist – Maintains average personal (Internal Quality Control) IQC score of 95% or greater.

Quality Improvement Facilitator (QIF) – Completes IQC activities for team within assigned timeframes. Utilizes attention to detail in analyzing, processing, and closing escalated codes/code sets. Is a resource to the rest of the team by providing answers to questions necessary to complete assignments.

Path of Business Procedure:

The template in the following template in Team Foundation Server (TFS) is used in the ICD-10 Project to write test cases:

Project: IME ICD-10											
Server: dhsvstfs											
Query: [None]											
ID				IME		IME		IME		IME	
	Work	Time	Description	IME Test Setup	Test Execution	IME Test Expected Results - HTML	System Release	IME System	IME Requirement ID	IME Affected Units	IME Owner
	Item Type			Instructions	Steps						Unit

Step 1: Leave the ID blank. TFS will auto-fill the Test Case ID number when uploaded.

Step 2: Fill in “Test Case” under Work Item Type’.

Step 3: Under the column named “Title” fill in the name of the test case.

- Include the TFS requirement ID being tested in your title.
- If this is a negative test case, label as such in the title.

Step 4: Under the column named “Description” fill in the requirement the test case is based off of.

Step 5: Under the column named “IME Test Setup Instructions” fill in the type of claim, member age, plan type, etc. that CORE needs to provide for the scenario.

Step 6: Under the column named “IME Test Execution Steps” list all steps.

- Test cases need to reflect the requirement and give very detailed, in-depth instructions on how to execute the test case.
- Include steps to navigate between screens in MMIS.
- Include steps on saving screenshots and where to upload them.
- Include steps regarding requesting batches, screen shots, or reports from CORE.
 - When requesting from CORE, specify what it is that is needed, include both the test case ID as well as the TCN, and request how you would like to receive information (i.e.: email, OnBase, etc.).

Step 7: Under the column named “IME Test Expected Results” list specifically what the tester is to determine from this test case.

- i.e.: Specific edit must post, copay will be applied, etc.
- If more than one expected result, number them.
- Include the requirement ID the result is attached to (if more than one is being tested).

Step 8: Under the column named “IME System Release: enter the Iteration number.

Step 9: Under the column named “IME System” enter MMIS.

Step 10: Under the column named “IME Requirements ID” list the relevant requirement ID number(s) from TFS.

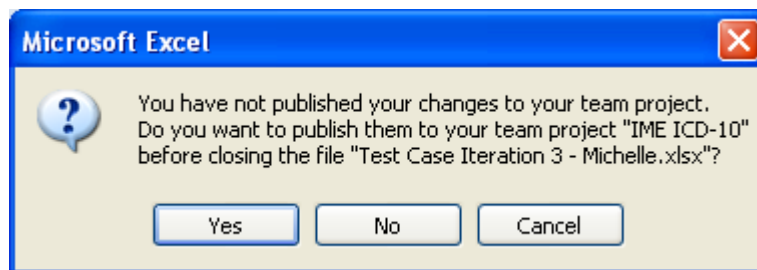
Step 11: Under the column named “IME Affected Units” enter Medical Services.

Step 12: Under the column named “IME Owner Unit” enter Medical Services.

- Test case example:
 - Requirement: “The system must not post an edit for Institutional claims when the reference file diagnosis control code value = 0”. (TFS Requirement ID #8459)
 - ID- blank
 - Work Item Type- ‘Test Case’.
 - Title- ‘8459- Reference file control 0 Inpt.
 - Description- ‘The system must not post an edit for Institutional claims when the reference file diagnosis control code value = 0’.
 - IME Test Setup Instructions- ‘Institutional IP claim’.
 - IME Test Execution Steps-
 1. Log in to MMIS
 2. On the Iowa Medicaid Management Information screen enter a 2 in the Application- Number field.
 3. Press Enter.
 4. Key TCN XXXXX starting in the Claim-Input-Medium-Indicator field (the tcn numbers will display in the appropriate fields as you key).
 5. Press Enter.
 6. Key diagnoses in the following order: XXXXX, XXXXX, XXXXX
 7. Press F12 key and enter.
 8. Take a screen shot:
 - a. Press Ctrl/Alt/Print Scrn
 - b. Open a new Word document
 - c. Press Ctrl/V
 - d. Save document to your computer, using the test case number as the name.
 9. Validate expected results.
 10. Document findings in TFS.
 11. Upload screen shot document from your computer to SharePoint.
 - a. All documentation for testing is saved in SharePoint under: XXXXXXXXXXXXXXXXX.
 - IME Test Expected Results- ‘Results in claim NOT posting an edit 445,453,461,469,477,447,455,463,471,479,349,993,987,446,454,462,470 , or 478; however, other edits may post.’ *
 - IME System Release- ‘Iteration X’.
 - IME System- ‘MMIS’.
 - IME Requirements ID- ‘8459’.
 - IME Affected Units- ‘Medical Services’.
 - IME Owner Unit- ‘Medical Services’.
- Do not attempt to reformat any of the cells in the template. This will cause the spreadsheet to become corrupted. It is helpful if you save a copy of the spreadsheet on your desktop while working on your test cases. After all of your test cases have been written then you can upload the document in Share point.

- There are times when additional information is needed (see IME Test Expected Results). Discuss with correct unit to obtain the information required to successfully perform the test. (ie: what edits are NOT to post to this claim?)

Step 13: DO NOT load to testing environment until all test cases are completed! Click “No” when prompted. (See example below.)



Step 14: After all test cases have been completed THEN load all of your test cases into TFS at the same time. Open excel spreadsheet in SharePoint. Exit to bring up above pop up. Select ‘Yes’.

- The system will assign an ID to every test case.
- Save spreadsheet in SharePoint.

Forms/Reports:

N/A

RFP References:

MED 10-001-C Amendment 3

Interfaces:

IMAG

MMIS

TFS

Share Point

Attachments:

N/A

MED – ICD-10 Cross Walk Team

Test Case Execution Process

Purpose: The steps are intended to provide general process guidelines for provide on how to execute test cases and documentation of the test case results.

Identification of Roles:

Medical Coding Specialist – Maps ICD-9 to ICD-10 codes according to processes. Utilize attention to detail in analyzing, processing, and closing assigned codes/code sets. Seek assistance as needed. Monitor pending codes at least weekly and as appropriate.

Quality Improvement Facilitator (QIF) – Reviews identified aggregate code sets as processed by coders for completeness and accuracy. Monitors escalated and pending codes at least weekly and as appropriate.

Performance Standards:

Medical Coding Specialist – Maintains average personal (Internal Quality Control) IQC score of 95% or greater.

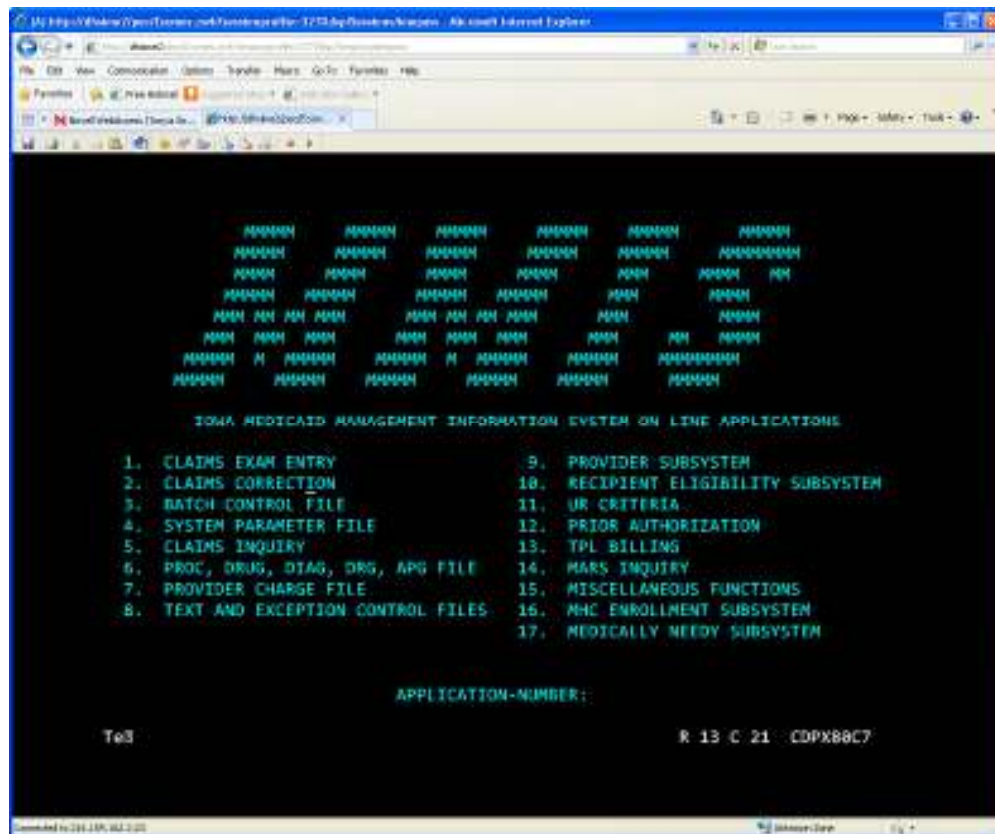
Quality Improvement Facilitator (QIF) – Completes IQC activities for team within assigned timeframes. Utilizes attention to detail in analyzing, processing, and closing escalated codes/code sets. Is a resource to the rest of the team by providing answers to questions necessary to complete assignments.

Path of Business Procedure:

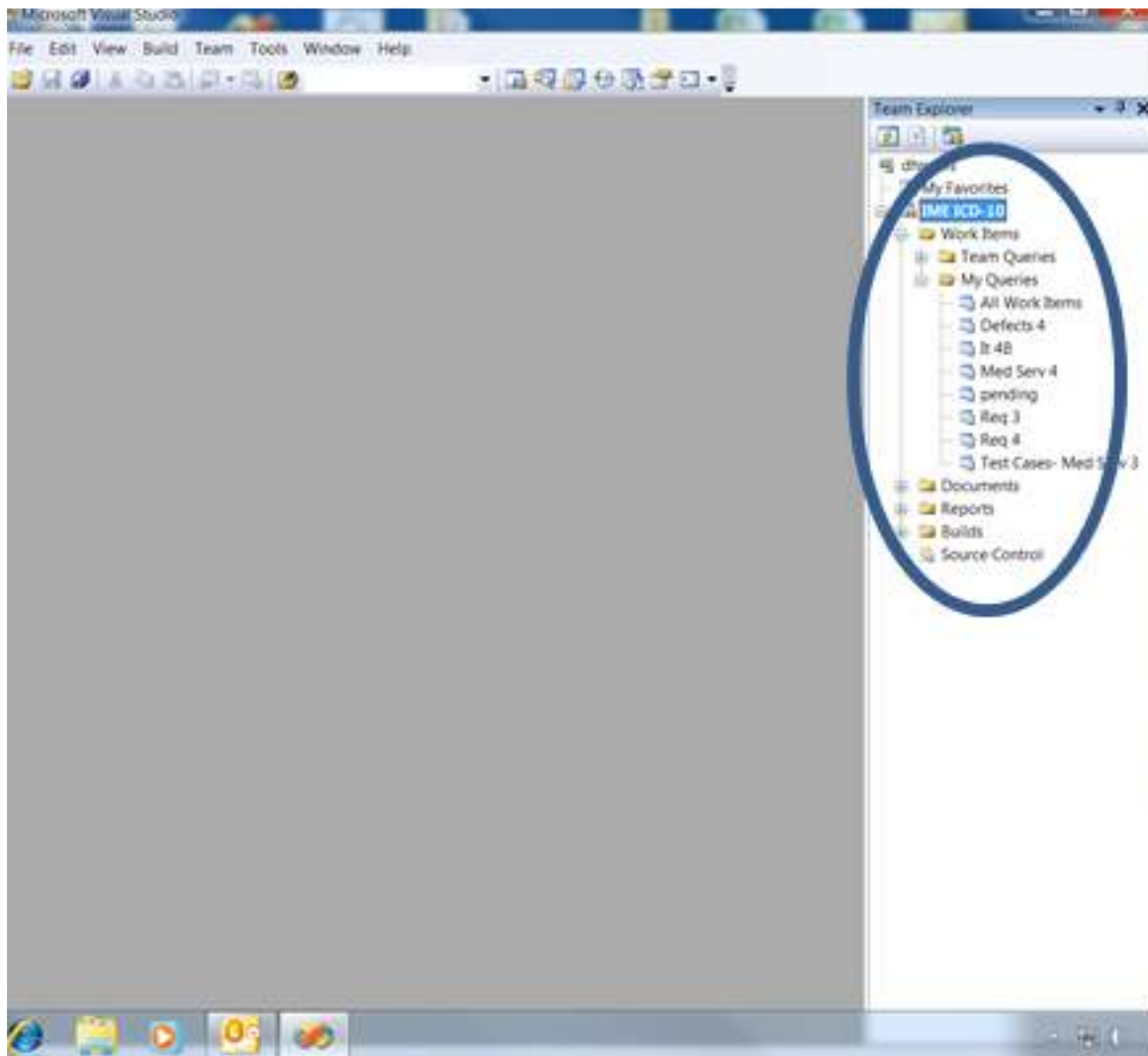
Step1: To log into the MMIS Test Environment follow these steps:

- Open MMIS
- Hit the F3 button.
- Do not click anywhere, just type the following: logon cdmciisc
- Hit the ENTER button.
- In the USERID field type your personal 'dss....' number
- In the PASSWORD field type your personal password
- Hit the ENTER button.
- Hit the ENTER button again.
- Do not click anywhere and type the following: iowa
- Hit the ENTER button.
- In the USERID field type: YOUR TEST GROUP USER NAME
- In the PASSWORD field type: YOUR TEST GROUP PASSWORD

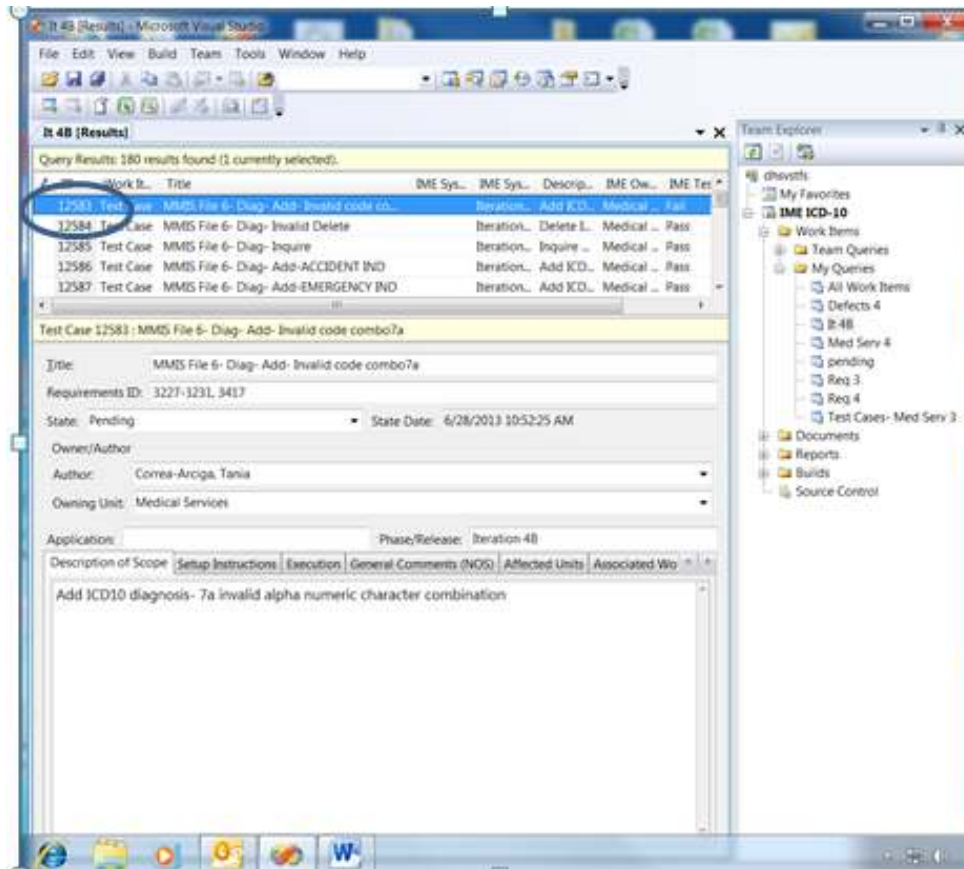
- If the following screen comes up, you are in the test environment:



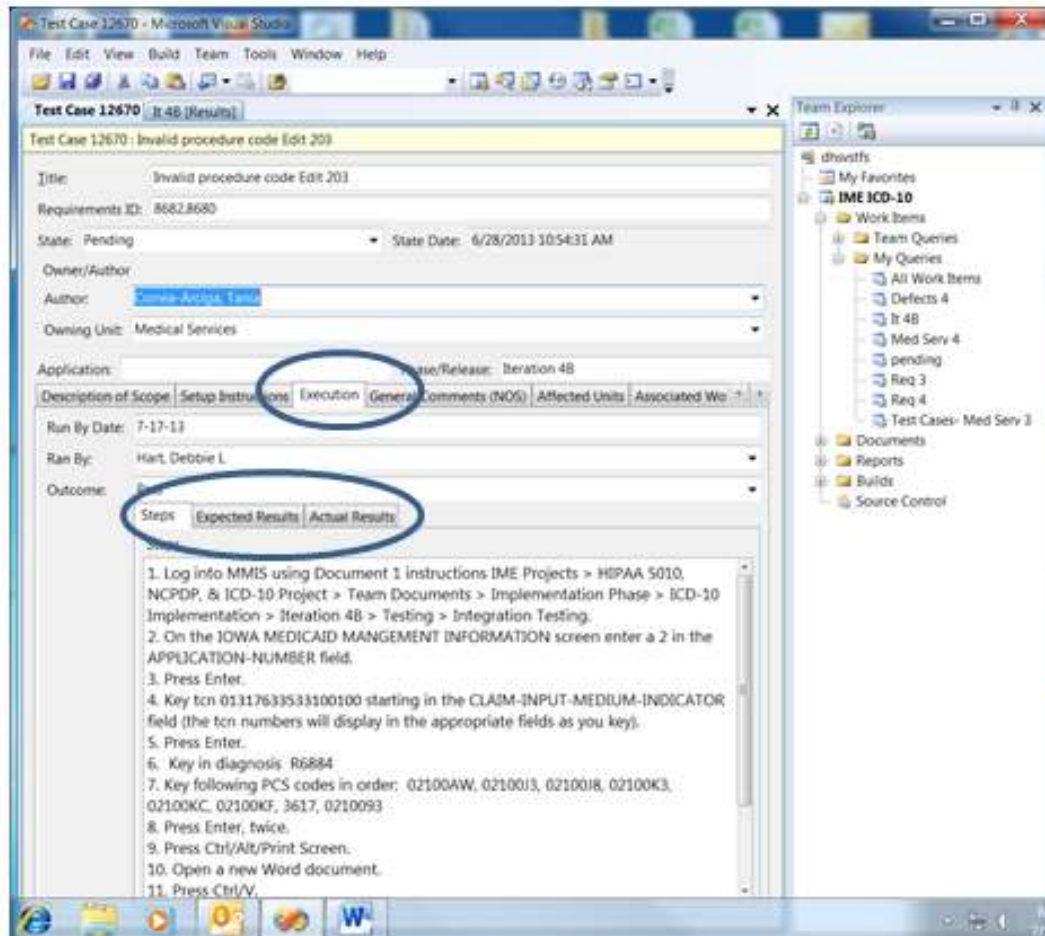
Step 2: Open TFS, *Work Items*, *My Queries* and the title of the type of testing that you are working on.



Step 3: Double click to open the Test Case # of the test case you will be running.



Step 4: After opening the test case, choose the *Execution* tab and then choose *Steps*. Follow the steps in the MMIS testing environment to execute the test. Open *Expected Results* to verify you have these results.

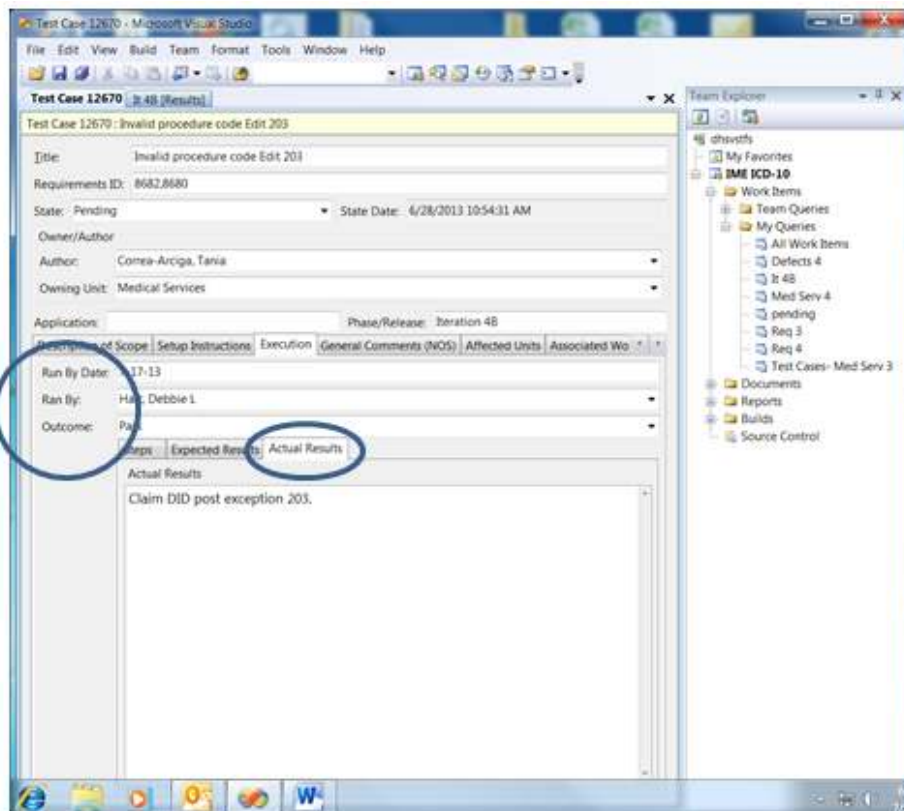


Step 5: Follow the steps below to save a copy of a screen shot of the MMIS claim screen to record the test case results.

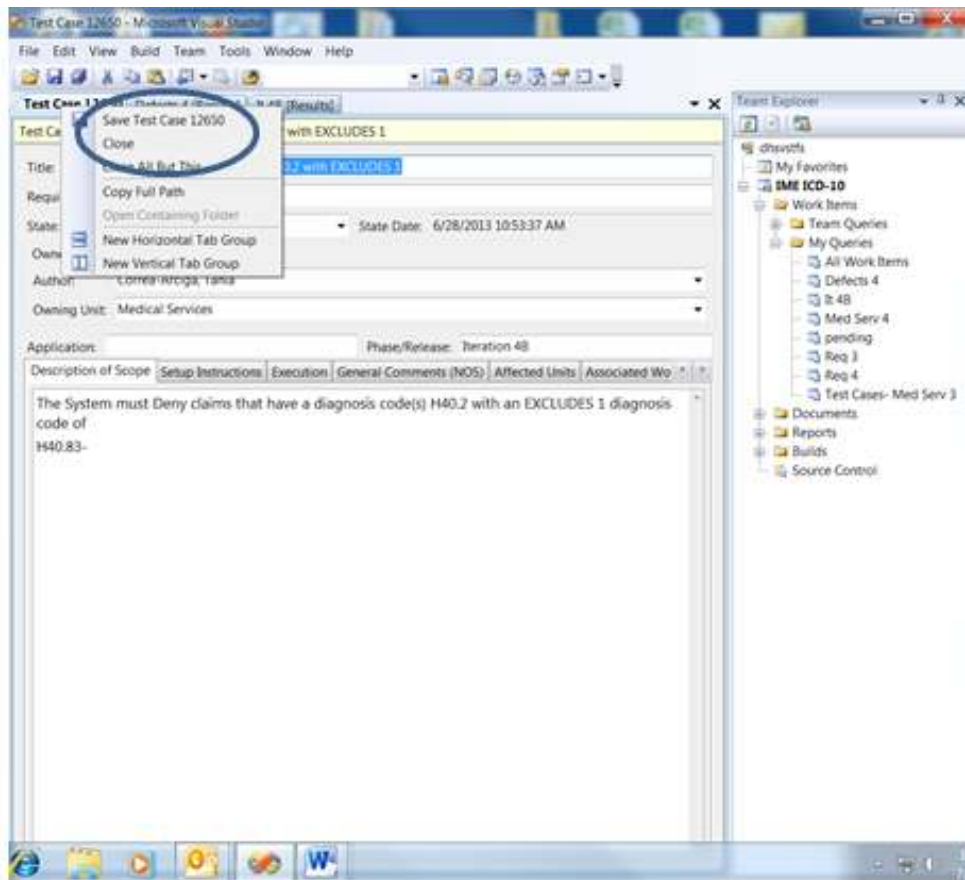
To create testing screen shot of claim screen:

1. Press Ctrl/Alt/Print Screen.
2. Open a new Word document.
3. Press Ctrl/V.
4. Save document to your computer, using the test case number as the name.
5. Upload document from your computer to Share point.

Step 6: If you have the same results as the *Expected Results*, the test case passes. Open the *Actual Results* tab and document “results as expected”. Directly above the *Actual Results* tab, fill in *Run by Date*, *Ran By*, and *Outcome*.



Step 7: At the top of the page, right click on the test case number, when the drop down opens, save and close the test case.



Step 8: If the Test Case fails, document your results under the Actual Results tab and complete *Run by Date*, *Ran By*, and *Outcome*. At the top of the page, right click on the test case number, when the drop down opens, save and close the test case. Please see the Test Defect Process for instructions on how to record the defect.

Forms/Reports:

N/A

RFP References:

MED 10-001-C Amendment 3

Interfaces:

IMAG
MMIS

Attachments: N/A

MED – ICD-10 Cross Walk Team Test Defect Process

Purpose: The steps are intended to provide general process guidelines on how to document and report test defects.

Identification of Roles:

Medical Coding Specialist – Maps ICD-9 to ICD-10 codes according to processes. Utilize attention to detail in analyzing, processing, and closing assigned codes/code sets. Seek assistance as needed. Monitor pending codes at least weekly and as appropriate.

Quality Improvement Facilitator (QIF) – Reviews identified aggregate code sets as processed by coders for completeness and accuracy. Monitors escalated and pending codes at least weekly and as appropriate.

Performance Standards:

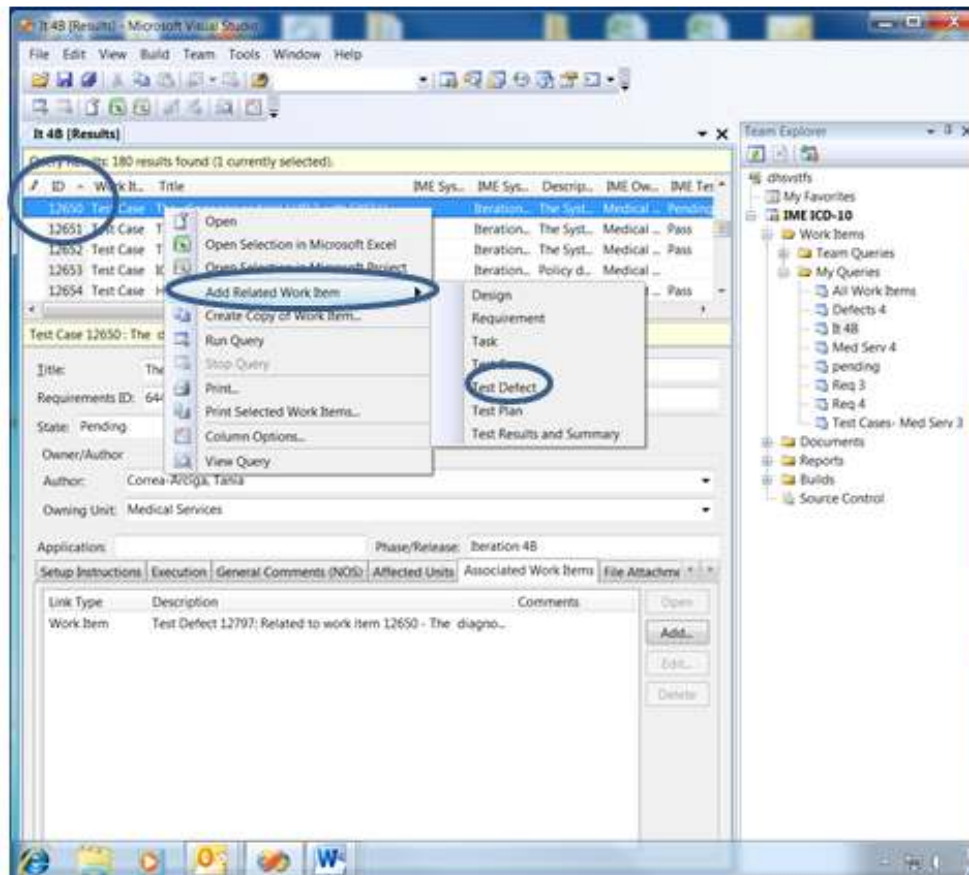
Medical Coding Specialist – Maintains average personal (Internal Quality Control) IQC score of 95% or greater.

Quality Improvement Facilitator (QIF) – Completes IQC activities for team within assigned timeframes. Utilizes attention to detail in analyzing, processing, and closing escalated codes/code sets. Is a resource to the rest of the team by providing answers to questions necessary to complete assignments.

Path of Business Procedure:

Step1: Refer to the Test Case Execution process for instructions on how to execute the test cases.

Step 2: If the Test Case fails, document your results under the Actual Results tab and complete *Run by Date*, *Ran By*, and *Outcome*. At the top of the page, right click on the test case number, when the drop down opens, save and close the test case. To open a Test Defect for this Test Case, Right Click on this test case number. When the dropdown opens, move your cursor down the list to ADD RELATED WORK ITEM and another dropdown will open. Choose TEST DEFECT.



Step 3: A Test Defect will open. Fill out the following Test Defect information.
Type of Defect, System, Phase/Release, Severity, Priority, Assigned To (Test Coordinator) and Owning Unit. On the tab section at the bottom of the Test Defect form, fill out *Description of Defect*, describing what your results were, *Setup Instructions* from the original test case and any information to add under *General Comments*.

The screenshot shows the 'New Test Defect' form in Microsoft Visual Studio. The form is titled 'New Test Defect 1* - B-40 (Results)'. It contains the following fields and values:

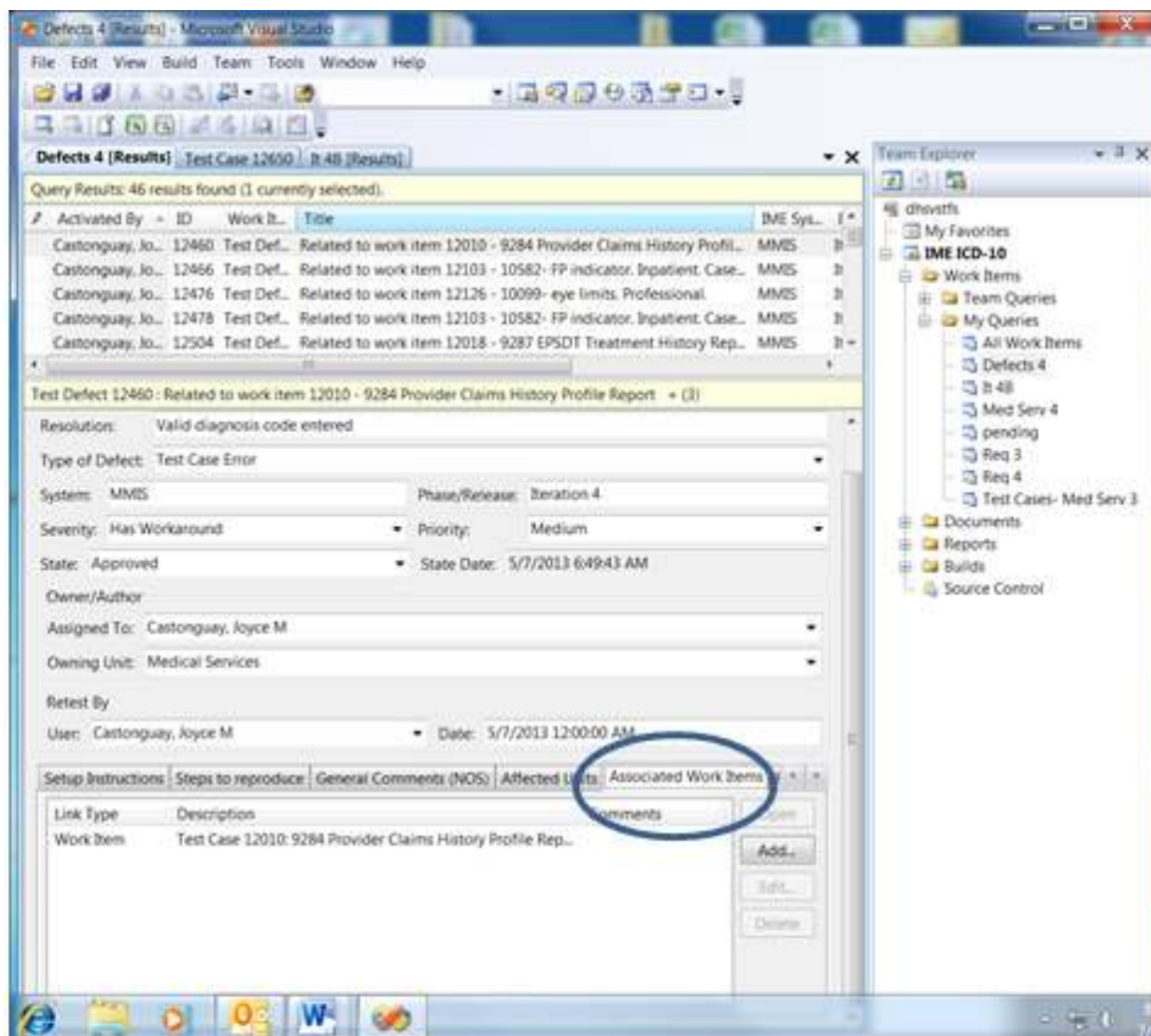
- Title: Related to work item 12581 - IME File 6- Plug- Add- Invalid code combine
- Resolution:
- Type of Defect:
- System:
- Phase/Release:
- Severity:
- Priority:
- Status: Pending
- State Date:
- Owner/Author:
- Assigned To: Corbin-Decca, Tonia
- Owning Unit:
- Retest By:
- Date:

The 'Description of Defect' tab is selected, showing the text: 'Add ICD10 diagnosis- 7a invalid alpha numeric character combination'.

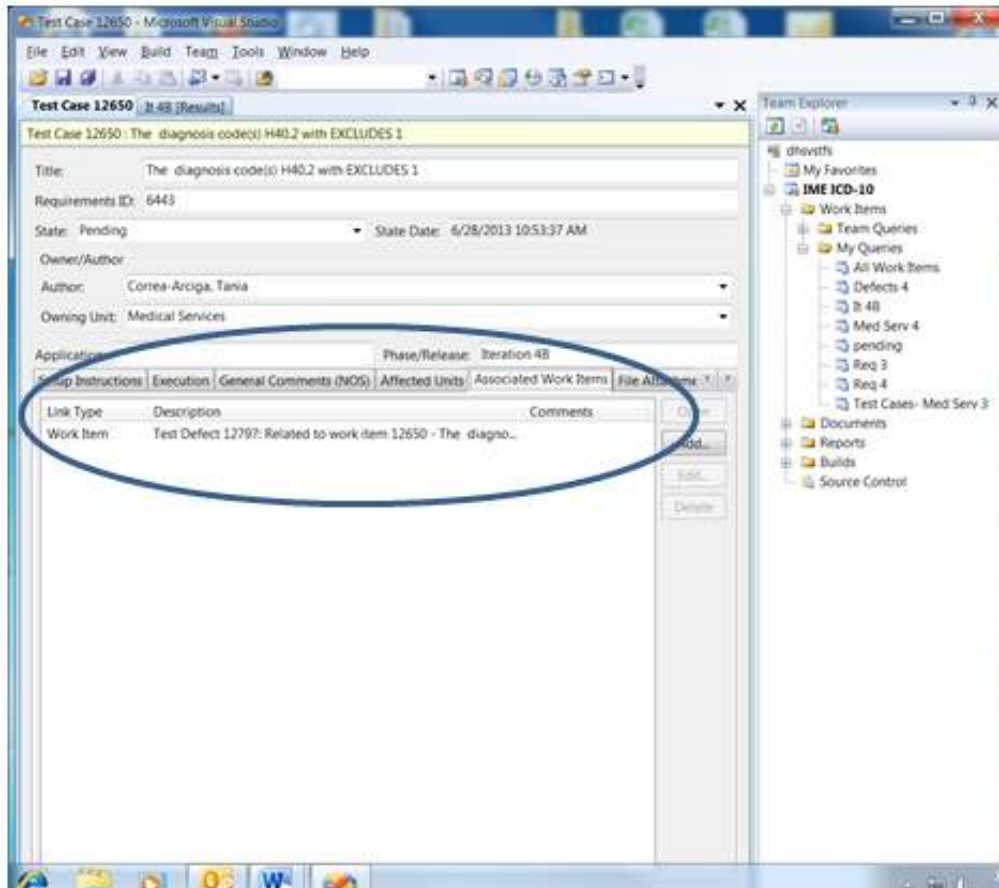
The 'System Explorer' on the right shows a tree view with the following folders:

- My Favorites
- IME ACD-10
 - Work Items
 - Team Queries
 - My Queries
 - All Work Items
 - Defects 4
 - B-40
 - Med Serv 4
 - pending
 - Rec 3
 - Rec 4
 - Test Cases- Med Serv 2
- Documents
- Reports
- Builds
- Source Control

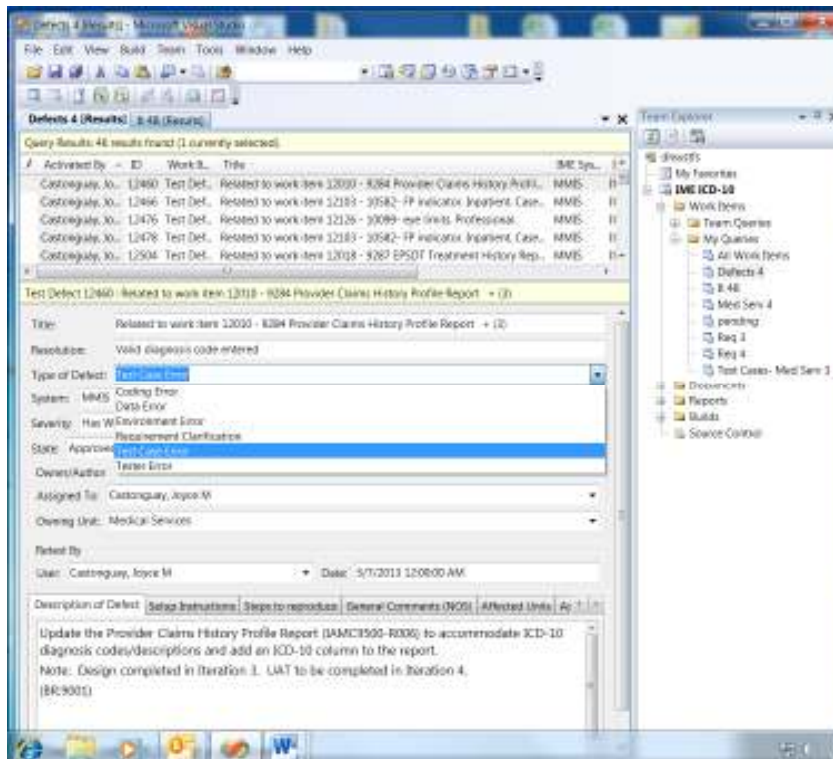
Step 4: The *Associated Work Items* tab will show the test case this defect is connected to. If other test cases have the exact same defect, they can be added to this defect by clicking the ADD button under this tab. At the top of the page, right click on the test defect number, when the drop down opens, save and close the test defect.



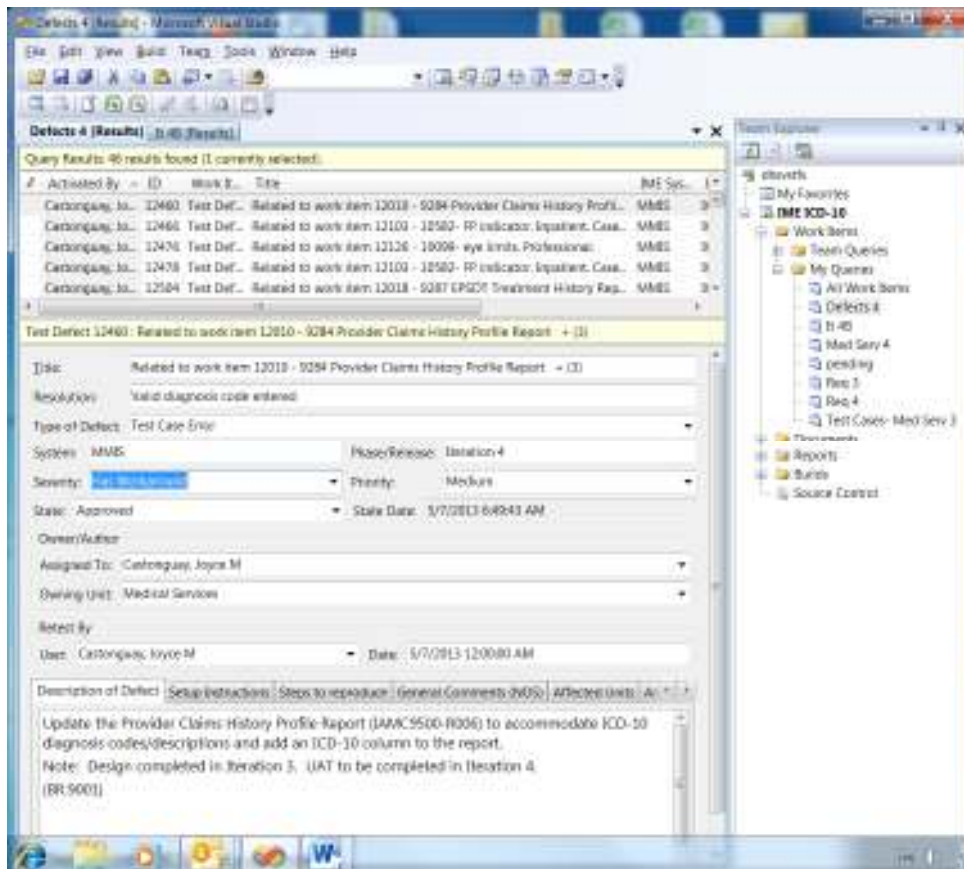
Step 5: Once a Test Defect has been created, you may access the Test Defect information by choosing the Associated Work Items tab in the original Test Case. By double clicking on the Test Defect line you will open the Test Defect.



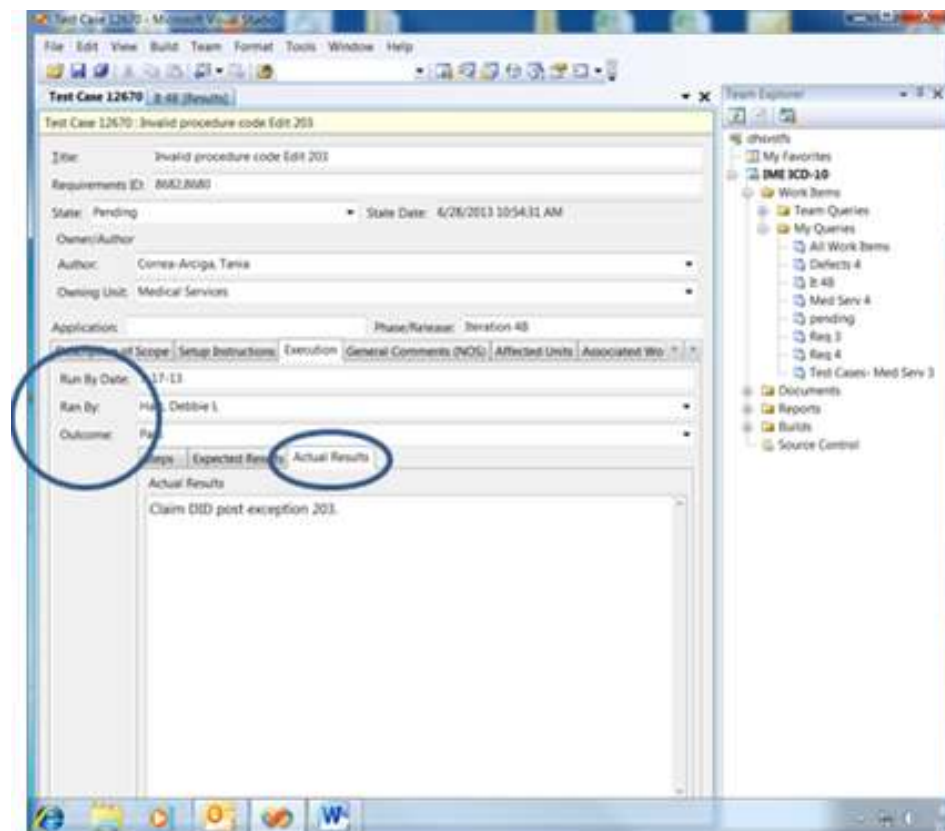
Step 6: The “Assigned To” person sends the defect to the workgroup associated with the *Type of Defect* selected. i.e. Coding Error, Data Error and Environment Error would go to CORE. Requirement Clarification would go to Policy, Test Case Error would go to the Test Case Author and Tester Error back to the person who ran the test case.



Step 7: Once the defect has been corrected, the “Assigned To” person will reassign the test case to the tester and fill out the Retest By section on the Test Defect.



Step 8: The tester will open the test case, rerun the test (if the defect was a Test Case error, these steps will need to be updated with corrected steps). If the Test Case passes, open the *Actual Results* tab and document “results as expected”. Directly above the *Actual Results* tab, fill in *Run by Date*, *Ran By*, and *Outcome*. Save and Close the Test Case.

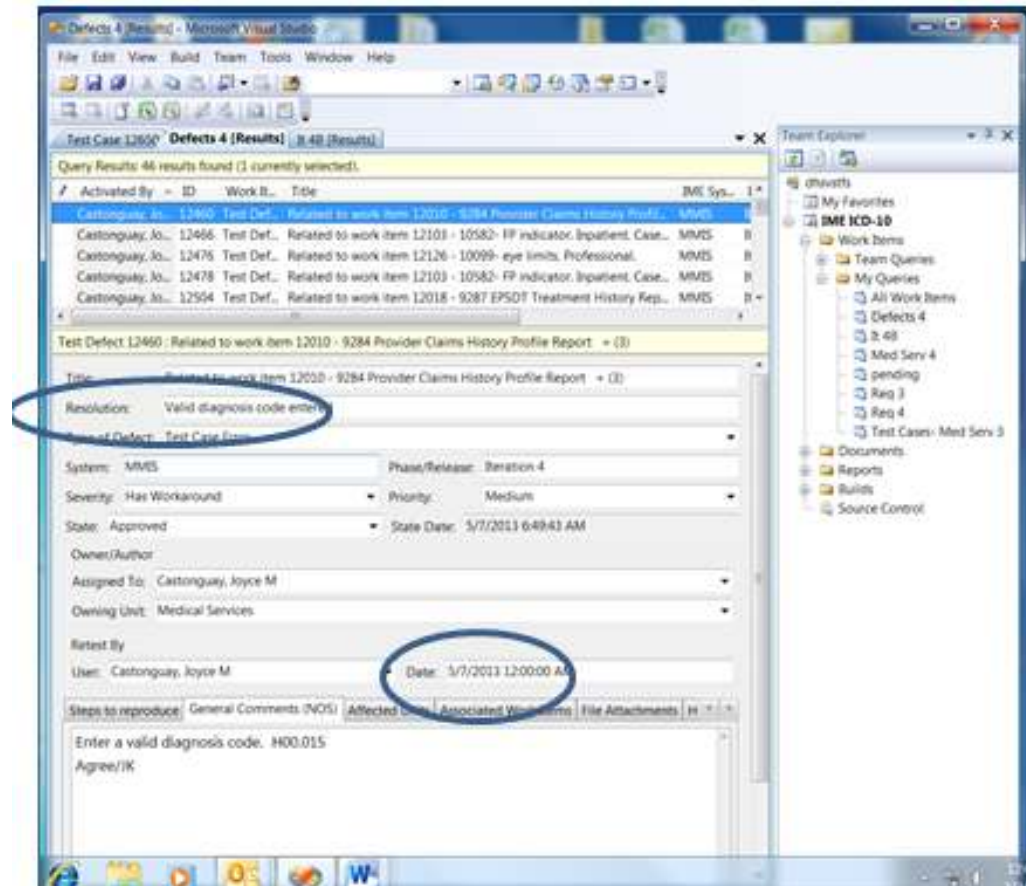


Step 9: Follow the steps below to save a copy of a screen shot of the MMIS claim screen to record the test case results.

To create testing screen shot of claim screen:

1. Press Ctrl/Alt/Print Screen.
2. Open a new Word document.
3. Press Ctrl/V.
4. Save document to your computer, using the test case number as the name.
5. Upload document from your computer to Share point.

Step 10: When the test case passes, open the associated defect. Complete the *Resolution*, change *State* to *Approved*, *Retest Date*, and under the General Comments tab note corrections made to the Test Case.



Forms/Reports:

N/A

RFP References:

MED 10-001-C Amendment 3

Interfaces:

IMAG

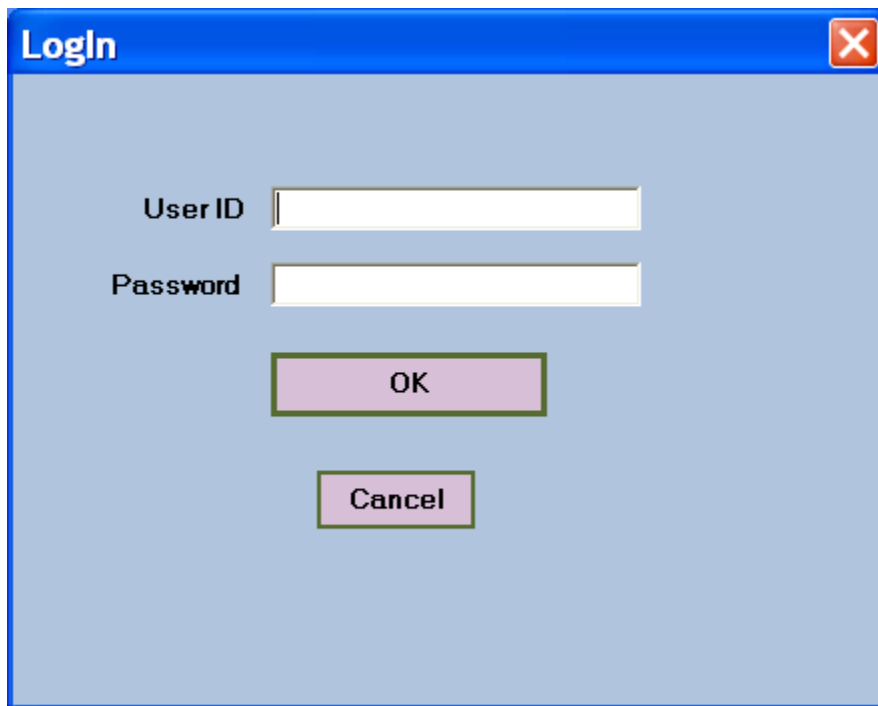
MMIS

Attachments:

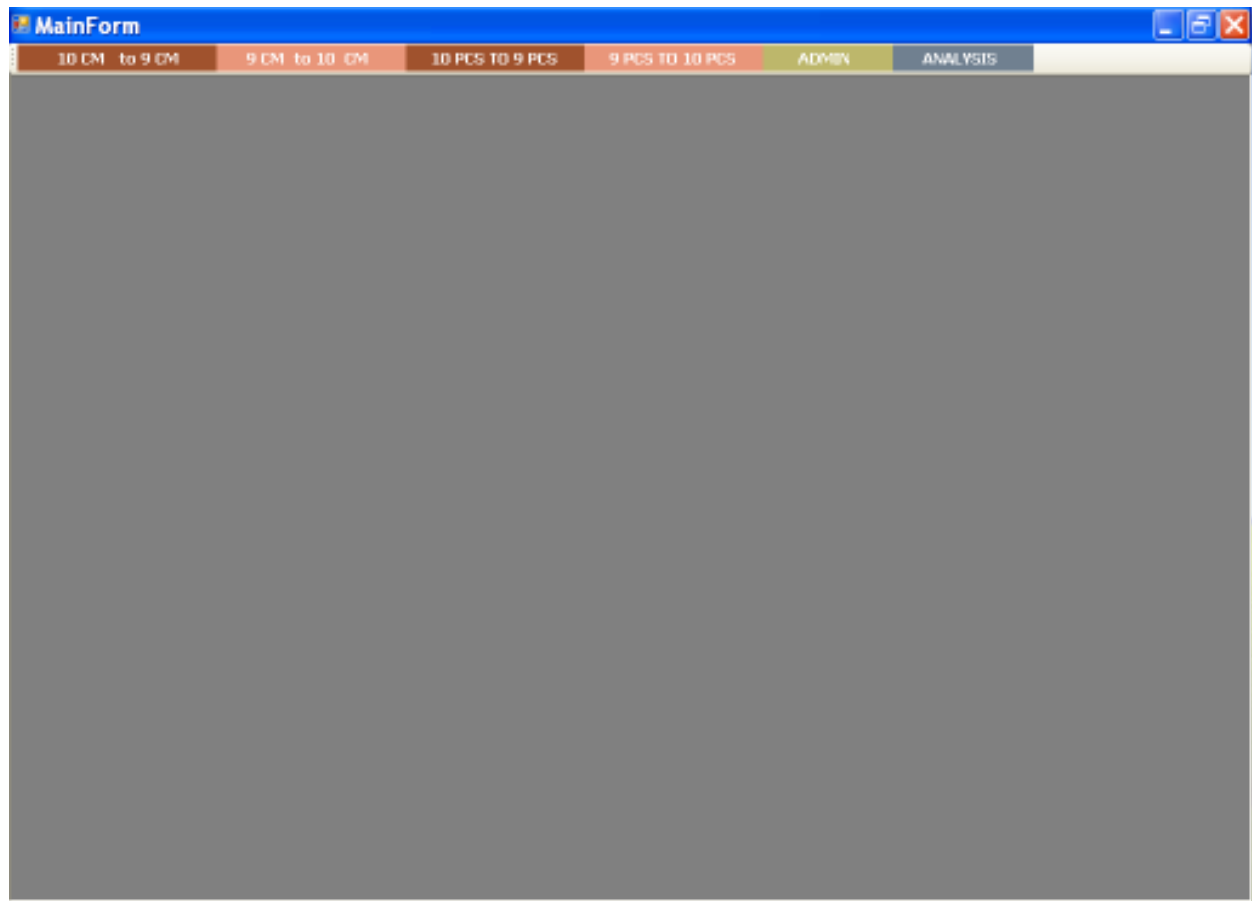
N/A

Appendix:

iMAG User Manual for ICD-10 Project Team

The image shows a login window titled "Login" with a blue header bar and a red close button in the top right corner. The window has a light blue background. It contains two labels, "User ID" and "Password", each followed by a white text input field. Below the input fields are two buttons: "OK" and "Cancel", both with a light purple fill and a dark border. The "OK" button is positioned above the "Cancel" button.

This is the Login screen for iMAG. Every user has a User ID and password.



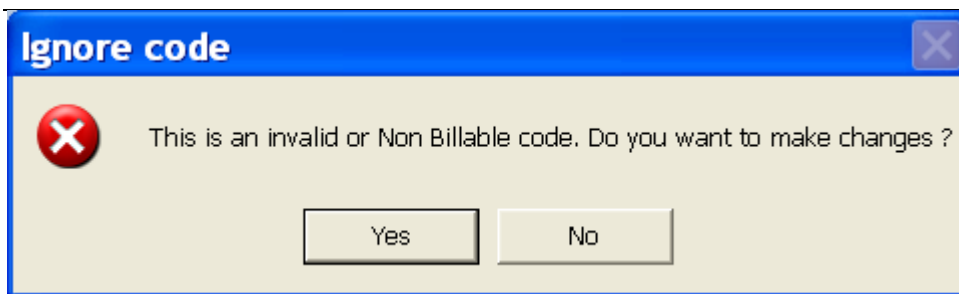
There are 6 tabs on the main screen:

Chapter 1 ** 10 CM to 9 CM	page 3
Chapter 2 ** 9 CM to 10 CM	page 8
Chapter 3 ** 10 PCS to 9 PCS.....	page 13
Chapter 4 ** 9 PCS to 10 PCS.....	page 22
Chapter 5 ** Admin.....	page 30
Chapter 6 ** Analysis/Codes Association	page 45

Chapter 1 ** 10 CM to 9 CM



The ICD10CM to ICD9CM MMIS screen has a drop down box to select the appropriate ICD-10 code. To search for the desired code, the user starts typing the code and then clicks on the code once they find it. Next the user must click on the "Select Code" button.



If the user selects an invalid code they will get this error message and have the option of going into the code by clicking on “yes” or returning to the drop down box by clicking on “No”.

ICD9Code	DIAG_NAME	Min_Age	Max_Age	SexInc	Accider	Emerg	Cntrl	Sterilz	Abort	FP
E829.0	OTH ROAD VEH ACC-PEDEST	000	999	B	N	N	O	N	N	N

Once the user selects an ICD-10 code they are able to see the ICD-9 code it crosswalks to and the reference file associated with that code.

MainForm

10 CM to 9 CM 9 CM to 10 CM 10 PCS to 9 PCS 9 PCS to 10 PCS ADMIN ANALYSIS

ICD10CM TO ICD9CM MMIS

ICD10CM: E829.0 Pedestrian injured in unsp nontraffic accident, subsequent encounter **V091XXD** CANCEL SAVE PENDING

ICD10DIAG: ESCALATE

Short Desc: Pedestrian injured in unsp nontraffic accident, subsequent encounter Long Desc: Pedestrian injured in unspecified nontraffic accident, subsequent encounter

Reviewer: [User] Status: Completed

Rationale: Approximate Match and NO Questionable MM

Escalate: To: [User] Reason: [User]

Associated Rules: [List] Notes: [Text] Get Notes History

Add ICD9 CM Groups: E829.0 * OTH COLL P

Categories: A0039 * HC Ambulance

INDICATORS:

Min Age	000
Max Age	999
Valid Sex	b
Accident	n
Emer Ind	n
Cntrl Code	0
Sterilization	n
Abortion	n
Fam Plann	n
Pregnancy	n

POA Exemption: [] EFD Date: [] End Date: []

ICD9Code	DIAG_NAME	Min_Age	Max_Age	SexInc	Accider	Emerg	Cntrl	Sterilz	Abort	PD
E829.0	OTH ROAD VEH ACC-PEDEST	000	999	B	N	N	0	N	N	N

When the user hits edit they are able to select the correct code to crosswalk and enter in the group as well as enter notes, indicators, categories, etc.

Missing Data

! Mapping not defined or Some of the Indicator Values are empty.

Do you want to correct?

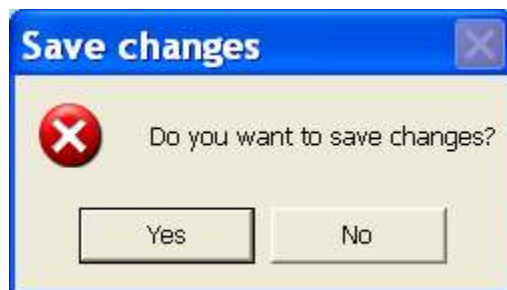
Yes No

If the user tries to complete the code without filling in the required fields (i.e. mapping and indicators) they will get this warning box.

The screenshot shows a software window titled "MainForm" with a menu bar containing "10 CM to 9 CM", "9 CM to 10 CM", "10 PCS TO 9 PCS", "9 PCS TO 10 PCS", "ADMIN", and "ANALYSIS". Below the menu bar is a sub-header "ICD10CM TO ICD9CM MMIS". The main area contains a form with the following elements:

- A dropdown menu at the top left with the text "V091XXD ** Pediatric injured in wrap nonstrapped".
- Buttons labeled "V091XXD", "CANCEL", "SAVE", and "PENDING" at the top right.
- A section titled "ICD10DIAG - ESCALATE" with a sub-section "Escalate:".
- Under "Escalate:", there is a text field for "Escalate Notes" and a button labeled "Get Previous Notes".
- Below that is a "Resolution" label followed by a dropdown menu.
- A section titled "Exclusion1 List" with a button labeled "Codes to Exclude" and a large empty text area below it.
- A button labeled "Clear Exclusion Code" at the bottom of the "Exclusion1 List" section.

This is the second page of the ICD-10 to ICD-9 CM tab and it contains the escalate notes information.

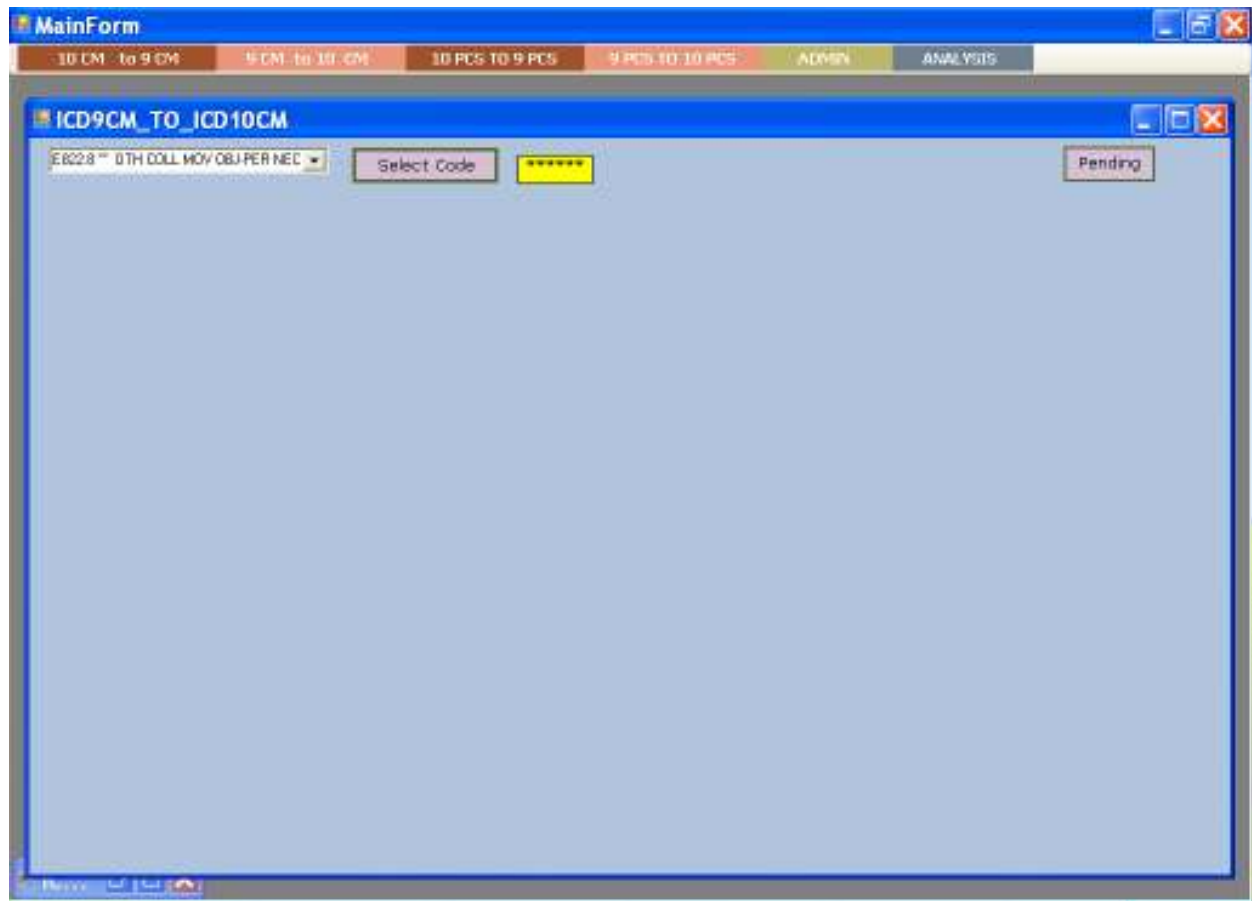


If the user goes out of the screen without saving their changes they will get this message.

Iowa Department of Human Services
Iowa Medicaid Enterprise (IME)
Medical Services Unit

Display Reviews Status							
Program	Status	ICD_CODE	Reviewer	OpenDate	DaysOpen	LastUpdate	DaysLap
10 To 9	Escalated	M2550	ibrendon	12/30/2011	200	4/10/2012 11:38 ...	98
10 To 9	Escalated	P52	ibrendon	02/01/2012	167	3/27/2012 8:10 ...	112
10 To 9	Escalated	P5381	diari	02/01/2012	167	5/17/2012 2:33 ...	61
10 To 9	Escalated	Q762	ibrendon	01/03/2012	196	4/10/2012 3:40 ...	98
10 To 9	Escalated	Q528	ibrendon	01/11/2012	188	4/17/2012 11:19 ...	91
10 To 9	Escalated	Q529	ibrendon	01/11/2012	188	4/17/2012 11:26 ...	91
10 To 9	Escalated	M8910	nihanson	01/18/2012	181	6/27/2012 8:05 ...	20
10 To 9	Escalated	M47819	ibrendon	01/17/2012	182	4/10/2012 3:40 ...	98
10 To 9	Escalated	M47899	ibrendon	01/17/2012	182	4/10/2012 8:40 ...	98
10 To 9	Escalated	M4720	ibrendon	01/17/2012	182	4/10/2012 8:33 ...	98
10 To 9	Escalated	M4710	ibrendon	01/17/2012	182	4/9/2012 9:08 AM	99
10 To 9	Escalated	M4711	nihanson	01/17/2012	182	7/3/2012 1:52 PM	14
10 To 9	Escalated	M8904	ibrendon	01/18/2012	181	4/9/2012 11:28 ...	99
10 To 9	Escalated	M519	ibrendon	01/18/2012	181	4/9/2012 10:17 ...	99
10 To 9	Escalated	M8964	ibrendon	01/18/2012	181	4/9/2012 11:39 ...	99
10 To 9	Escalated	M8974	ibrendon	01/18/2012	181	4/9/2012 11:48 ...	99
10 To 9	Escalated	M4810	ibrendon	01/23/2012	176	4/10/2012 8:52 ...	98
10 To 9	Escalated	M4320	CHart	01/18/2012	181	4/25/2012 8:19 ...	83
10 To 9	Escalated	M533	diari	01/03/2012	196	4/25/2012 8:20 ...	83
10 To 9	Escalated	M5381	ibrendon	01/18/2012	181	4/9/2012 10:46 ...	99
10 To 9	Escalated	M5408	nihanson	01/03/2012	196	7/3/2012 2:45 PM	14
10 To 9	Escalated	S13400D	joacklongway	01/18/2012	181	6/7/2012 10:26 ...	40
10 To 9	Escalated	M141000	nihanson	06/26/2012	21	6/26/2012 10:42 ...	21

If the user hits the pending button on this screen it brings up the “Display Reviews Status” screen which shows all the escalated codes. This can be saved to an Excel spreadsheet if necessary.



This is what the ICD9CM to ICD10 screen looks like when the user first goes into it. It also has a drop down box to select the codes (see page 3 - 4 for instructions on how to find and select the desired code).

MainForm

10 CM to 9 CM 9 CM to 10 CM 10 PCS to 9 PCS 9 PCS to 10 PCS ADMIN ANALYSIS

ICD9CM_TO_ICD10CM

Short Desc: OTH COLL MOV OBJ PER NEC Long Desc: OTH COLL MOV OBJ PER NEC

Reviewer: FICD Status: Completed Invalid Reason: ☐ IQC Completed

Escalate: To: Reason: Rationale: Postoperative Month and 90 Day/90 Day 180/90 After

Associated Rules:

ICD10	Appeal	No_MAF	Combine	Screen	Choice
V40200A	1	0	0	0	0

Notes:

Categories:

- A003.0 * HC AMBULANCE
- A0030

GRP ICD10CM:

1	V40200A
2	V40200D
3	V30200A
4	V30200D
5	V31200A
6	V31200D
7	V32200A
8	V32200D
9	V33200A
10	V33200D
11	V34200A

ICD9Code	DIAG_NAME	Min_Age	Max_Age	Sex	Accident	Emerg	Crit	Stable	About	FP
E822.0	OTH COLL MOV OBJ PER NEC	000	999	B	N	N	D	N	N	N

This is the first screen of the ICD-9CM to ICD-10-CM tab.

MainForm

10 CM to 9 CM 9 CM to 10 CM 10 PCS to 9 PCS 9 PCS to 10 PCS ADMIN ANALYSIS

ICD9CM_TO_ICD10CM

Short Desc: 0TH COLL MOV OBJ PER NEC Long Desc: 0TH COLL MOV OBJ PER NEC

Reviewer: E822.8 Status: Completed Invalid Reason: ☐ IQC Completed

Escalate To: Reason: Rationale: Appropriate Match and NO Questionable MHS Attrib

Associated Rules: Notes: Get Previous Notes

ICD10	Assoc	No_MAF	Combine	Scan	Choice
V402.0A	1	0	0	0	0

Add Group: MO91000 ** Pedestri Categories: A0039 * HC Ambulance

Save Group Clear Item Clear

ICD9Code	DIAG_NAME	Min_Age	Max_Age	Sex	Accident	Emerg	Crit	Stable	Abot	FP
E822.8	0TH COLL MOV OBJ PER NEC	000	999	B	N	N	D	N	N	N

ICD10CM List:

- 1 V402.0A
- 2 V402.0D
- 3 V302.0A
- 4 V302.0D
- 5 V312.0A
- 6 V312.0D
- 7 V322.0A
- 8 V322.0D
- 9 V332.0A
- 10 V332.0D
- 11 V342.0A

Delete Group

If the user clicks on the edit button, they can enter the ICD-10 code(s) that cross walk to the ICD-9 code. The user can enter notes, categories, and escalate the code if necessary.

Missing Data

Mapping of 'I9 to I10' is empty.
Do you want to correct?

Yes No

If the user tries to complete the code without filling in the mapping they will get this warning box.

The screenshot shows a software window titled "MainForm" with a tabbed interface. The active tab is "ICD9CM_TO_ICD10CM". Below the tab bar, there is a dropdown menu showing "EB22.8" and a button "EB22.8". To the right are buttons for "Cancel", "Save", and "Pending". The main area has two tabs: "REVIEW" and "ESCALATE". The "REVIEW" tab is active, and a yellow dialog box titled "Escalated" is open. This dialog box contains a text field for "Escal Notes", a button "Get Escalate Notes", and a dropdown menu for "Resolution".

This is the second page of the ICD-CM to ICD10CM tab where the user is able to enter escalate notes and the escalate resolution.



If the user goes out of the screen without saving their changes they will get this message.

Iowa Department of Human Services
Iowa Medicaid Enterprise (IME)
Medical Services Unit

Display Reviews Status							
Program	Status	ICD_CODE	Reviewer	OpenDate	DaysOpen	LastUpdate	DaysLap
9 To 10	Escalated	530.0	knipp	01/23/2012	176	5/3/2012 10:52 ...	75
9 To 10	Escalated	V02.53	diari	05/01/2012	77	5/1/2012 2:11 PM	77
9 To 10	Escalated	V02.54	diari	05/01/2012	77	5/1/2012 2:10 PM	77
9 To 10	Escalated	628.0	knipp	01/10/2012	189	3/7/2012 1:03 PM	132
9 To 10	Escalated	V25	knipp	02/15/2012	153	4/10/2012 2:06 ...	98
9 To 10	Escalated	521.30	knipp	01/23/2012	176	5/3/2012 12:08 ...	75
9 To 10	Escalated	523.40	knipp	01/24/2012	175	5/3/2012 1:30 PM	75
9 To 10	Escalated	523.5	knipp	01/24/2012	175	5/3/2012 1:32 PM	75
9 To 10	Escalated	523.6	knipp	01/24/2012	175	5/3/2012 1:33 PM	75
9 To 10	Escalated	523.8	knipp	01/24/2012	175	5/3/2012 1:33 PM	75
9 To 10	Escalated	524.00	knipp	01/24/2012	175	5/3/2012 1:34 PM	75
9 To 10	Escalated	524.10	knipp	01/24/2012	175	5/3/2012 1:37 PM	75
9 To 10	Escalated	524.60	knipp	01/24/2012	175	5/3/2012 1:47 PM	75
9 To 10	Escalated	524.70	knipp	01/24/2012	175	5/3/2012 1:50 PM	75
9 To 10	Escalated	524.81	knipp	01/24/2012	175	5/3/2012 1:53 PM	75
9 To 10	Escalated	525.60	knipp	01/24/2012	175	5/3/2012 2:07 PM	75
9 To 10	Escalated	525.71	knipp	01/24/2012	175	5/3/2012 2:10 PM	75
9 To 10	Escalated	724.8	affening	01/03/2012	196	7/10/2012 1:20 ...	7
9 To 10	Escalated	752.40	knipp	01/27/2012	172	4/17/2012 11:14 ...	91
9 To 10	Escalated	752.48	knipp	01/27/2012	172	4/16/2012 11:17 ...	92
9 To 10	Escalated	905.0	nhanon	07/12/2012	5	7/12/2012 10:33 ...	5
9 To 10	Escalated	522.0	knipp	01/23/2012	176	5/3/2012 1:22 PM	75
9 To 10	Escalated	523.00	knipp	01/24/2012	175	5/3/2012 1:25 PM	75

If the user hits the pending button on this screen they bring up the “Display Reviews Status” screen which shows all the escalated codes. This can be saved to an Excel spreadsheet if necessary.

Chapter 3 ** 10 PCS to 9 PCS



This is the initial screen in the ICD10PCS to ICD9 PCS. The biggest difference between the diagnosis screens and procedure screens is there is no drop down box to search for the codes. A drop down box is potentially going to be added to the procedure screens in a future upgrade to the program.

The screenshot shows a software window titled "SearchICDCodes" with a blue title bar and standard Windows window controls (minimize, maximize, close). Inside the window, there is a tabbed interface with the first tab labeled "Search ICD 10PCS Codes". Below the tab, there are two radio buttons: "Begins" (which is selected) and "Part Of The Desc". To the right of these is a small text input field. Below the input field is a large, empty rectangular area for displaying search results. To the right of this area is a smaller rectangular area labeled "SELECTED CODES" in green text, which is also empty. At the bottom of the window, there are several buttons: "CANCEL" and "Save This Search List" on the left; "SELECT CODE/S", "Clear Item", and "Save Selected Codes TO XL" on the right.

When the user hits the “select proc code” button this is the screen that comes up.

SearchICDCodes

Search ICD 10PCS Codes ☒ Begins ☐ Part Of The Desc

Search: Oby

SELECTED CODES

OBY ** Respiratory System, Transplantation
OBYC020 ** Transplantation of R Up Lung Lobe, Allogeneic, Open Approach
OBYC021 ** Transplantation of R Up Lung Lobe, Syngeneic, Open Approach
OBYC022 ** Transplantation of R Up Lung Lobe, Zooplasmic, Open Approach
OBYD020 ** Transplantation of R Mid Lung Lobe, Allogeneic, Open Approach
OBYD021 ** Transplantation of R Mid Lung Lobe, Syngeneic, Open Approach
OBYD022 ** Transplantation of R Mid Lung Lobe, Zooplasmic, Open Approach
OBYF020 ** Transplantation of R Low Lung Lobe, Allogeneic, Open Approach
OBYF021 ** Transplantation of R Low Lung Lobe, Syngeneic, Open Approach
OBYF022 ** Transplantation of R Low Lung Lobe, Zooplasmic, Open Approach
OBYG020 ** Transplantation of L Up Lung Lobe, Allogeneic, Open Approach
OBYG021 ** Transplantation of L Up Lung Lobe, Syngeneic, Open Approach
OBYG022 ** Transplantation of L Up Lung Lobe, Zooplasmic, Open Approach
OBYH020 ** Transplantation of Lung Lingula, Allogeneic, Open Approach
OBYH021 ** Transplantation of Lung Lingula, Syngeneic, Open Approach
OBYH022 ** Transplantation of Lung Lingula, Zooplasmic, Open Approach
OBYJ020 ** Transplantation of L Low Lung Lobe, Allogeneic, Open Approach
OBYJ021 ** Transplantation of L Low Lung Lobe, Syngeneic, Open Approach
OBYJ022 ** Transplantation of L Low Lung Lobe, Zooplasmic, Open Approach
OBYK020 ** Transplantation of Right Lung, Allogeneic, Open Approach
OBYK021 ** Transplantation of Right Lung, Syngeneic, Open Approach
OBYK022 ** Transplantation of Right Lung, Zooplasmic, Open Approach
OBYL020 ** Transplantation of Left Lung, Allogeneic, Open Approach
OBYL021 ** Transplantation of Left Lung, Syngeneic, Open Approach

CANCEL Save This Search List SELECT CODE/S Clear Item Save Selected Codes TO XL

To search for an ICD-10 PCS code, the user must enter either the first 3 digits in the code or...

SearchICDCodes

Search ICD 10PCS Codes ☒ Begins ☐ Part Of The Desc

gall

0F140D3 ** Bypass Gallbladder to Duoden w Intralum Dev, Oper
 0F140D4 ** Bypass Gallbladder to Stomach w Intralum Dev, Ope
 0F140D5 ** Bypass Gallbladder to R Hep Duc w Intralum Dev, Op
 0F140D6 ** Bypass Gallbladder to L Hep Duc w Intralum Dev, Op
 0F140D7 ** Bypass Gallbladder to Caud Duct w Intralum Dev, Op
 0F140D8 ** Bypass Gallbladder to Cyst Duct w Intralum Dev, Op
 0F140D9 ** Bypass Gallbladder to CBD with Intralum Dev, Open
 0F140DB ** Bypass Gallbladder to Sm Int w Intralum Dev, Open
 0F140Z3 ** Bypass Gallbladder to Duodenum, Open Approach
 0F140Z4 ** Bypass Gallbladder to Stomach, Open Approach
 0F140Z5 ** Bypass Gallbladder to Right Hepatic Duct, Open Appr
 0F140Z6 ** Bypass Gallbladder to Left Hepatic Duct, Open Appr
 0F140Z7 ** Bypass Gallbladder to Caudate Hepatic Duct, Open A
 0F140Z8 ** Bypass Gallbladder to Cystic Duct, Open Approach
 0F140Z9 ** Bypass Gallbladder to Common Bile Duct, Open Appr
 0F140ZB ** Bypass Gallbladder to Small Intestine, Open Approac
 0F144D3 ** Bypass Gallbladder to Duoden w Intralum Dev, Perc
 0F144D4 ** Bypass Gallbladder to Stomach w Intralum Dev, Perc
 0F144D5 ** Bypass Gallbladder to R Hep Duc w Intralum Dev, Pe
 0F144D6 ** Bypass Gallbladder to L Hep Duc w Intralum Dev, Pe
 0F144D7 ** Bypass Gallbladder to Caud Duct w Intralum Dev, Pe
 0F144D8 ** Bypass Gallbladder to Cyst Duct w Intralum Dev, Per
 0F144D9 ** Bypass Gallbladder to CBD w Intralum Dev, Perc Enc
 0F144DB ** Bypass Gallbladder to Sm Int w Intralum Dev, Perc E

SELECTED CODES

CANCEL Save This Search List SELECT CODE/S Clear Item Save Selected Codes TO XL

..the first 3 letters in the description of the code.

SearchICDCodes

Search ICD 10PCS Codes ☒ Begins ☐ Part Of The Desc

gall

0F140D3 ** Bypass Gallbladder to Duoden w Intralum Dev, Oper
0F140D4 ** Bypass Gallbladder to Stomach w Intralum Dev, Ope
0F140D5 ** Bypass Gallbladder to R Hep Duc w Intralum Dev, Op
0F140D6 ** Bypass Gallbladder to L Hep Duc w Intralum Dev, Op
0F140D7 ** Bypass Gallbladder to Caud Duct w Intralum Dev, Op
0F140D8 ** Bypass Gallbladder to Cyst Duct w Intralum Dev, Op
0F140D9 ** Bypass Gallbladder to CBD with Intralum Dev, Open
0F140DB ** Bypass Gallbladder to Sm Int w Intralum Dev, Open
0F140Z3 ** Bypass Gallbladder to Duodenum, Open Approach
0F140Z4 ** Bypass Gallbladder to Stomach, Open Approach
0F140Z5 ** Bypass Gallbladder to Right Hepatic Duct, Open Appr
0F140Z6 ** Bypass Gallbladder to Left Hepatic Duct, Open Appr
0F140Z7 ** Bypass Gallbladder to Caudate Hepatic Duct, Open A
0F140Z8 ** Bypass Gallbladder to Cystic Duct, Open Approach
0F140Z9 ** Bypass Gallbladder to Common Bile Duct, Open Appr
0F140ZB ** Bypass Gallbladder to Small Intestine, Open Approac
0F144D3 ** Bypass Gallbladder to Duoden w Intralum Dev, Perc
0F144D4 ** Bypass Gallbladder to Stomach w Intralum Dev, Perc
0F144D5 ** Bypass Gallbladder to R Hep Duc w Intralum Dev, Pe
0F144D6 ** Bypass Gallbladder to L Hep Duc w Intralum Dev, Pe
0F144D7 ** Bypass Gallbladder to Caud Duct w Intralum Dev, Pe
0F144D8 ** Bypass Gallbladder to Cyst Duct w Intralum Dev, Per
0F144D9 ** Bypass Gallbladder to CBD w Intralum Dev, Perc Enc
0F144DB ** Bypass Gallbladder to Sm Int w Intralum Dev, Perc E

SELECTED CODES

0F140Z8

CANCEL Save This Search List SELECT CODE/S Clear Item Save Selected Codes TO XL

After the user finds the ICD-10 PCS code they are looking for, they have to double click on the code and it will populate in the “selected codes’ box. Next the user must hit the select code button.



The list of codes generated from the search can be saved to an Excel spreadsheet if necessary.

ICD10PCS REVIEW | ESCALATE

Short Desc: Bypass Gallbladder to Cystic Duct, Open Approach. Long Desc: Bypass Gallbladder to Cystic Duct, Open Approach

Reviewer: [Text Box] Status: Pending

Rationale: [Text Box]

Escalate To: [Text Box] Reason: [Text Box]

Notes: [Text Box] Get Notes History

Associated Rules: [Text Box]

Categories: ICD9CM - HC Ambulatory

GRP: ICD9CM

INDICATORS

Life_Svc: [Text Box] PA_Ind: [Text Box]

ICD9Code	Approx	Map	Combination	Scenario	Choice
01.35	1	0	0	0	0

ICD9PCS	LifeSvc	PA_IND	SHORTDESC	LONGDESC	DISPLAY
01.35		N	OTHER GALLBL.	OTHER GALLBL.	01.35 0

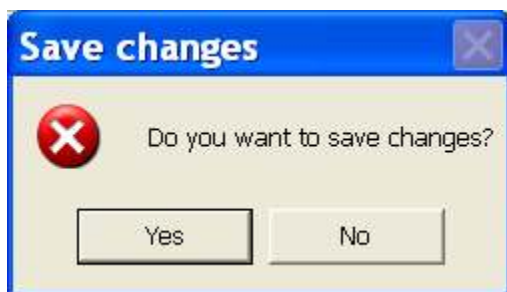
Once an ICD-10-PCS code is selected this is the first screen that comes up.

When the user hits edit this enables them to enter correct ICD-9 procedure code(s) that cross walk to this ICD-10-PCS code and enter them as a group. They are also able to attach categories, escalate the code and enter notes if necessary from this screen.

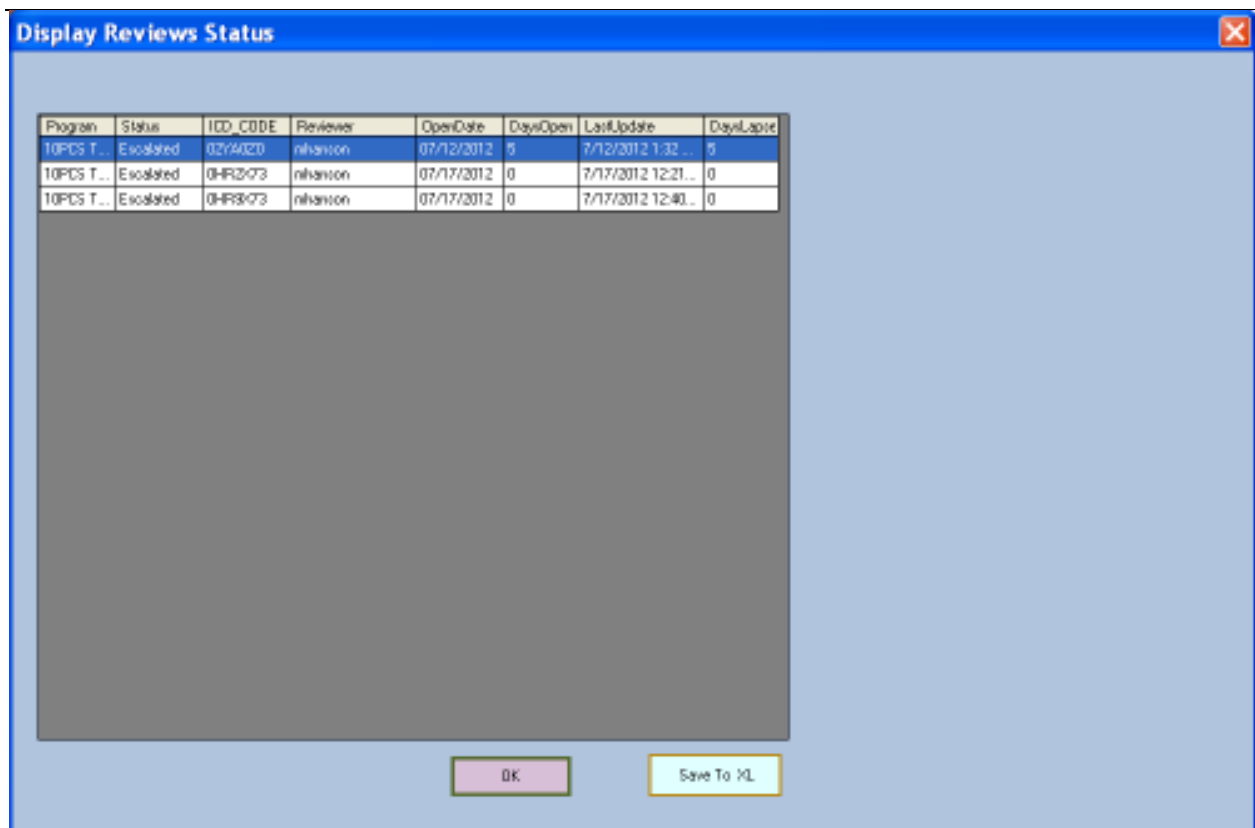
If the user tries to complete the code without filling in the required fields (i.e. indicators or mapping, they will get one of the above error messages.

The screenshot shows a software window titled "MainForm" with a blue header bar. Below the header, there are several tabs: "10 CM to 9 CM", "9 CM to 10 CM", "10 PCS TO 9 PCS", "9 PCS TO 10 PCS", "ADMIN", and "ANALYSIS". The "10 PCS TO 9 PCS" tab is currently selected. Below the tabs, there is a sub-header "ICD10PCS_TO_ICD9PCS" with a yellow status bar displaying "OF 14028". To the right of the status bar are three buttons: "CANCEL", "SAVE", and "PENDING". Below these buttons, there are two tabs: "ICD10PCS REVIEW" and "ESCALATE". The "ESCALATE" tab is selected. The main content area of the "ESCALATE" tab is divided into two sections. The top section, titled "Escalate", contains a text input field for "Escalate Notes", a "Get Previous Notes" button, and a "Resolution" dropdown menu. The bottom section, titled "Exclusion1 List", contains a list box and a "Clear Exclusion Code" button.

This is the second page of the ICD-10-PCS to ICD-9 screen. This is where the user enters Escalate notes and the resolution.



If the user goes out of the screen without saving their changes they will get this message.



Program	Status	ICD_CODE	Reviewer	OpenDate	DaysOpen	LastUpdate	DaysLapse
10PCS T...	Escalated	02Y4020	nihanson	07/12/2012	5	7/12/2012 1:32...	5
10PCS T...	Escalated	0HR3073	nihanson	07/17/2012	0	7/17/2012 12:21...	0
10PCS T...	Escalated	0HR3073	nihanson	07/17/2012	0	7/17/2012 12:40...	0

If the user hits the pending button on this screen you will bring up the “Display Reviews Status” screen which shows all the escalated codes. This can be saved to an excel spreadsheet if necessary.

The screenshot shows a software application window titled "MainForm". At the top, there is a navigation bar with several tabs: "10 CM to 9 CM", "9 CM to 10 CM", "10 PCS TO 9 PCS", "9 PCS TO 10 PCS", "ADMIN", and "ANALYSIS". The "9 PCS TO 10 PCS" tab is currently selected. Below the navigation bar, there is a sub-header "ICD9PCS_TO_ICD10PCS". The main area of the screen is a large, empty, light-colored rectangle. In the top-left corner of this area, there is a button labeled "Select Code" and a yellow rectangular box containing six asterisks. In the top-right corner, there is a button labeled "Pending". At the bottom of the window, there is a status bar with several small icons and a scroll bar.

This is the first screen when the user goes into the ICD9 to ICD-10-PCS tab.

The screenshot shows a software window titled "SearchICDCodes" with a blue title bar. Inside the window, there is a search interface. At the top, there is a tab labeled "Search ICD 9PCS Codes" and two radio buttons: "Begins" (which is selected) and "Part Of The Desc". Below these is a large, empty rectangular box for search results. To the right of this box is a smaller rectangular box labeled "SELECTED CODES", which is also empty. At the bottom of the window, there are several buttons: "CANCEL" and "Save This Search List" on the left, and "SELECT CODE/S", "Clear Item", and "Save Selected Codes TO XL" on the right. The window has standard Windows-style window controls (minimize, maximize, close) in the top right corner.

When the user hits the “select proc code” button this is the screen that comes up.

The screenshot shows a software window titled "SearchICDCodes" with a blue title bar and standard Windows window controls (minimize, maximize, close). Inside the window, there is a tab labeled "Search ICD 9PCS Codes". Below the tab are two radio buttons: "Begins" (which is selected) and "Part Of The Desc". A text input field contains the code "034". Below the input field is a list box containing the text "034 ** EXCISION OR DESTRUCTION OF LESION OF SPI". To the right of the list box is a green header "SELECTED CODES" above an empty rectangular area. At the bottom of the window, there are several buttons: "CANCEL" and "Save This Search List" on the left; "SELECT CODE/S", "Clear Item", and "Save Selected Codes TO XL" on the right.

To search for an ICD-10 PCS code, the user must enter either the first 3 digits in the code or...

SearchICDCodes

Search ICD 9PCS Codes ☐ Begins ☒ Part Of The Desc

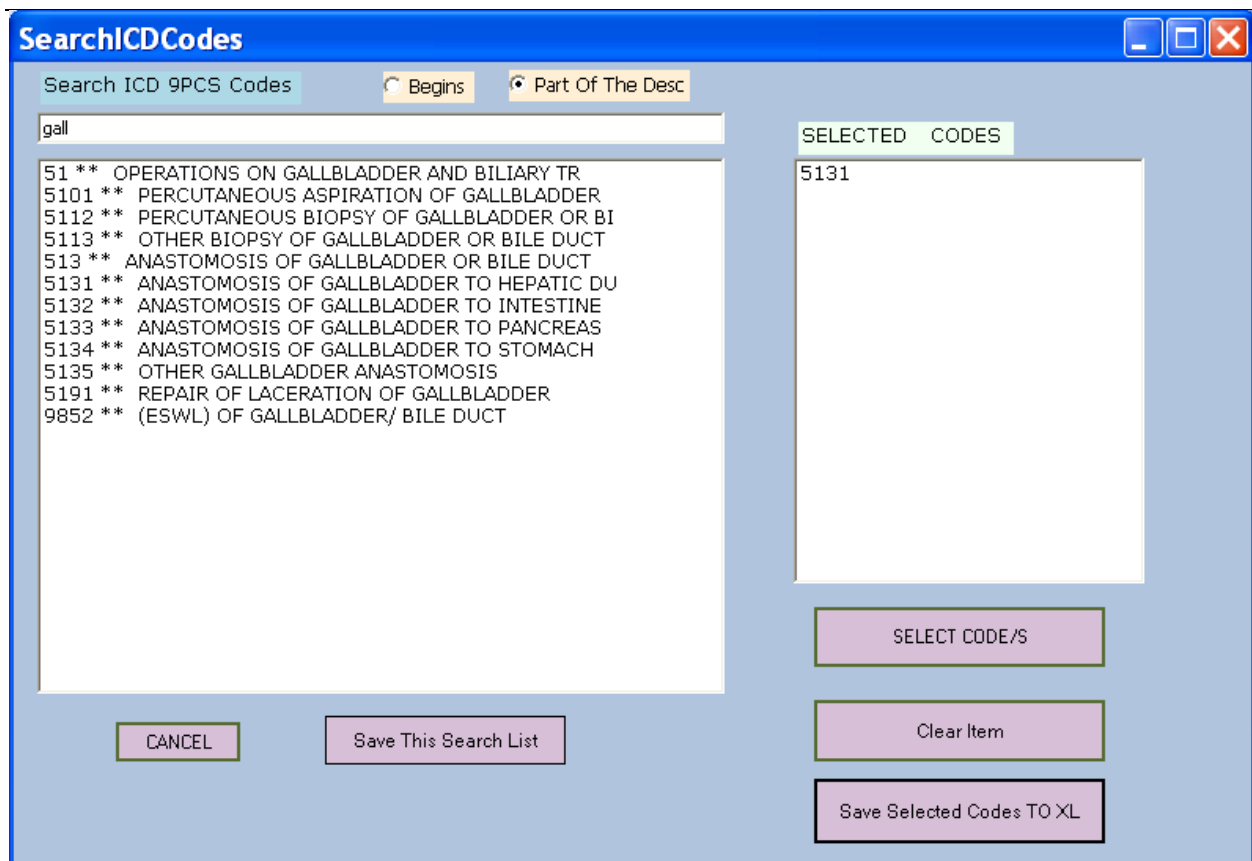
gall

51 ** OPERATIONS ON GALLBLADDER AND BILIARY TR
5101 ** PERCUTANEOUS ASPIRATION OF GALLBLADDER
5112 ** PERCUTANEOUS BIOPSY OF GALLBLADDER OR BI
5113 ** OTHER BIOPSY OF GALLBLADDER OR BILE DUCT
513 ** ANASTOMOSIS OF GALLBLADDER OR BILE DUCT
5131 ** ANASTOMOSIS OF GALLBLADDER TO HEPATIC DU
5132 ** ANASTOMOSIS OF GALLBLADDER TO INTESTINE
5133 ** ANASTOMOSIS OF GALLBLADDER TO PANCREAS
5134 ** ANASTOMOSIS OF GALLBLADDER TO STOMACH
5135 ** OTHER GALLBLADDER ANASTOMOSIS
5191 ** REPAIR OF LACERATION OF GALLBLADDER
9852 ** (ESWL) OF GALLBLADDER/ BILE DUCT

SELECTED CODES

CANCEL Save This Search List SELECT CODE/S Clear Item Save Selected Codes TO XL

...the first 3 letters in the description of the code.



The **SearchICDCodes** window is a software interface for searching ICD-9 procedure codes. It features a search bar at the top with the text "gall". Below the search bar is a list of codes and descriptions. To the right of the list is a "SELECTED CODES" box containing the code "5131". At the bottom of the window are several buttons: "CANCEL", "Save This Search List", "SELECT CODE/S", "Clear Item", and "Save Selected Codes TO XL".

Search ICD 9PCS Codes ☐ Begins ☒ Part Of The Desc

gall

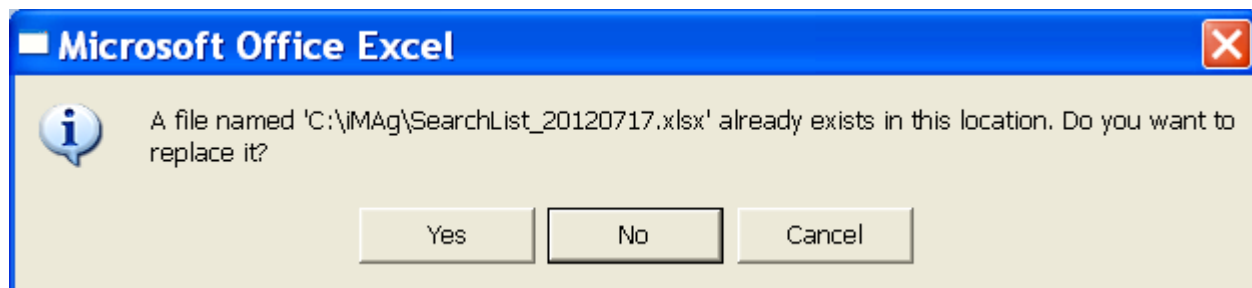
51 ** OPERATIONS ON GALLBLADDER AND BILIARY TR
5101 ** PERCUTANEOUS ASPIRATION OF GALLBLADDER
5112 ** PERCUTANEOUS BIOPSY OF GALLBLADDER OR BI
5113 ** OTHER BIOPSY OF GALLBLADDER OR BILE DUCT
513 ** ANASTOMOSIS OF GALLBLADDER OR BILE DUCT
5131 ** ANASTOMOSIS OF GALLBLADDER TO HEPATIC DU
5132 ** ANASTOMOSIS OF GALLBLADDER TO INTESTINE
5133 ** ANASTOMOSIS OF GALLBLADDER TO PANCREAS
5134 ** ANASTOMOSIS OF GALLBLADDER TO STOMACH
5135 ** OTHER GALLBLADDER ANASTOMOSIS
5191 ** REPAIR OF LACERATION OF GALLBLADDER
9852 ** (ESWL) OF GALLBLADDER/ BILE DUCT

SELECTED CODES

5131

CANCEL Save This Search List SELECT CODE/S Clear Item Save Selected Codes TO XL

After the user finds the ICD-9 procedure code they are looking for, they have to double click on the code and it will populate in the "selected codes" box. Next the user must hit the select code button.



A Microsoft Office Excel dialog box is shown, asking if a file named 'C:\IMAg\SearchList_20120717.xlsx' already exists in this location and if the user wants to replace it. The dialog box has three buttons: "Yes", "No", and "Cancel".

Microsoft Office Excel

A file named 'C:\IMAg\SearchList_20120717.xlsx' already exists in this location. Do you want to replace it?

Yes No Cancel

The list of codes generated from the search can be saved to an Excel spreadsheet if necessary.

ICD9PCS_TO_ICD10PCS

5131

Cancel Edit Pending

REVIEW | ESCALATE

Short Desc: ANASTOMOSIS OF GALLBLADDER TO HEPATIC DU
Long Desc: ANASTOMOSIS OF GALLBLADDER TO HEPATIC DU

Invalid Reason: ☐ IQC Completed

Reviewer: Status: Pending

Escalate
To: Reason:

Rationale:

Associated Rules:

Notes:

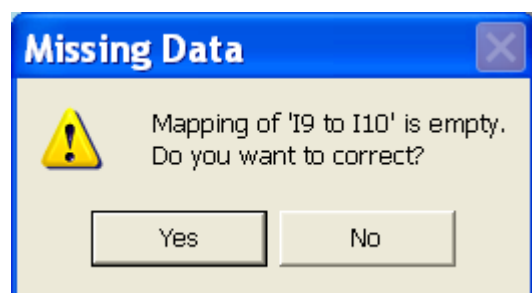
Get Previous Notes

ICD10PCS	Approval	No_MAF	Combined	Scenario	Choice
DF14005	1	0	0	0	0
DF14006	1	0	0	0	0
DF14007	1	0	0	0	0
DF14025	1	0	0	0	0
DF14026	1	0	0	0	0
DF14027	1	0	0	0	0

ICD9 PCS	Short Desc	Use Sys	Ps Ind	LONG Desc
5131	ANASTOMOSIS OF GALLBLADDER TO HEPAT...	N		ANASTO...

Once an ICD-9 procedure code is selected this is the first screen that comes up.

When the user hits edit this enables them to enter correct ICD-9 procedure code(s) that cross walk to this ICD-10-PCS code and enter them as a group. They are also able to attach categories, escalate the code and enter notes if necessary from this screen.



If the user tries to complete the code without filling out the mapping they will get this error message.

The screenshot shows a software window titled "MainForm" with a menu bar containing "10 CM to 9 CM", "9 CM to 10 CM", "10 PCS TO 9 PCS", "9 PCS TO 10 PCS", "ADMIN", and "ANALYSIS". The "ANALYSIS" tab is active. Below the menu bar is a sub-window titled "ICD9PCS_TO_ICD10PCS". Inside this sub-window, there is a yellow box on the left containing the text "Escalated", a text input field for "Escal Notes", a "Get Escalate Notes" button, and a "Resolution" dropdown menu. To the right of the yellow box are three buttons: "Cancel", "Edit", and "Pending". The "Escalated" text is highlighted in yellow. The "Escal Notes" field is empty. The "Resolution" dropdown is set to "No".

This is the second page of the ICD-10-PCS to ICD-9 screen. This is where the user enters Escalate notes and the resolution.

The screenshot shows a standard Windows-style dialog box with a blue title bar that says "Do you want to save changes". Inside the dialog, there is a red "X" icon and the text "Save changes". At the bottom, there are two buttons: "Yes" and "No".

If the user goes out of the screen without saving their changes they will get this message.

The screenshot shows a web application window titled "Admin" with a blue border and standard window controls. Inside, there are three tabs: "Coder", "Manager", and "Sys Admin Only". The "Coder" tab is selected. Below the tabs, there are four radio buttons: "ICD10_Diag", "ICD9_Diag", "ICD10_Proc", and "ICD9_proc". The "ICD10_Diag" radio button is selected. The main content area is light blue and contains two panels. The left panel is titled "Status of All Codes that begin with" and has a text input field and a purple button labeled "Identify Code Status". The right panel is titled "Replicate Codes" and contains a "Select Base Code" text input field, a purple button labeled "Select CodeTo Replicate", and a "Codes Not Replicated" text input field.

The coder screen is the first screen that the user will go into after clicking on the Admin tab.

The screenshot shows a web application window titled "Admin" with a blue header bar. Below the header, there are three tabs: "Coder", "Manager", and "Sys Admin Only". The "Coder" tab is selected. Under the "Coder" tab, there are four radio buttons: "ICD10_Diag" (selected), "ICD9_Diag", "ICD10_Proc", and "ICD9_proc".

Below the radio buttons, there are two main sections:

- Status of All Codes that begin with**: This section contains a text input field with the value "010" and a button labeled "Identify Code Status".
- Replicate Codes**: This section contains a "Select Base Code" text input field, a "Select CodeTo Replicate" button, and a "Codes Not Replicated" text area.

The user identifies which code type (ICD10 diagnosis, ICD9 diagnosis, etc) first and then they will have to enter the first 3 digits of the code set they wish to find out the status of. Next the user must click on the "Identify Code Status" button.

Iowa Department of Human Services
Iowa Medicaid Enterprise (IME)
Medical Services Unit

DisplayTableData			
CodeRange	Status	ICDCode	CodeDesc
010	Compl...	010	Pre-existing hypertension compl preg/chldbrth
010	Compl...	0100	Pre-existing essential hypertension compl preg/chldbrth
010	Compl...	01001	Pre-existing essential hypertension complicating pregnancy,
010	Compl...	010011	Pre-existing essential htn comp pregnancy, first trimester
010	Compl...	010012	Pre-existing essential htn comp pregnancy, second trimester
010	Compl...	010013	Pre-existing essential htn comp pregnancy, third trimester
010	Compl...	010019	Pre-existing essential htn comp pregnancy, unsp trimester
010	Compl...	01002	Pre-existing essential hypertension complicating childbirth
010	Compl...	01003	Pre-existing essential hypertension comp the puerperium
010	Compl...	0101	Pre-existing hypertensive heart disease compl preg/chldbrth
010	Compl...	01011	Pre-existing hypertensive heart disease comp pregnancy
010	Compl...	010111	Pre-exist hyp heart disease comp pregnancy, first trimester
010	Compl...	010112	Pre-exist hyp heart disease comp pregnancy, second trimester
010	Compl...	010113	Pre-exist hyp heart disease comp pregnancy, third trimester
010	Compl...	010119	Pre-exist hyp heart disease comp pregnancy, unsp trimester
010	Compl...	01012	Pre-existing hypertensive heart disease comp childbirth
010	Compl...	01013	Pre-existing hypertensive heart disease comp the puerperium

OK

Next, the “Display Table Data” will pop up. This table will have all the codes identified in the range selected and the status (completed, pending, awaiting rule, etc). If the code has not been opened yet there will be five X’s in the status box.

The screenshot shows a web application window titled "Admin". It has three tabs: "Coder", "Manager", and "Sys Admin Only". The "Coder" tab is active. Below the tabs, there are four radio buttons: "ICD10_Diag" (selected), "ICD9_Diag", "ICD10_Proc", and "ICD9_proc".

On the left side of the "Coder" tab, there is a section titled "Status of All Codes that begin with". It contains a text input field and a button labeled "Identify Code Status".

On the right side, there is a section titled "Replicate Codes". It contains a "Select Base Code" label, a text input field with the value "M02871", and a button labeled "Select CodeTo Replicate". Below this is a label "Codes Not Replicated" followed by a large empty text area.

The "Coder" screen also contains the "Replicate codes" function. First the user must select the code type and then enter the original or base code that they wish to replicate. Then they must click on the "Select Code to Replicate" button.

The screenshot shows a software window titled "SearchICDCodes" with a blue title bar. Inside the window, there is a search interface. At the top, there is a tab labeled "Search ICD 10CM Codes" and two radio buttons: "Begins" (which is selected) and "Part Of The Desc". Below these is a large, empty rectangular box for search results. To the right of this box is a smaller rectangular box labeled "SELECTED CODES", which is also empty. At the bottom of the window, there are several buttons: "CANCEL" and "Save This Search List" on the left, and "SELECT CODE/S", "Clear Item", and "Save Selected Codes TO XL" on the right. The window has standard Windows-style window controls (minimize, maximize, close) in the top right corner.

This brings up the “Search” box. See pages 14-17 for the instructions on how to search these codes. The user may select as many codes as needed to be replicated. The “Search List” and “Selected Codes” list can be saved to an Excel spreadsheet if desired.

The screenshot shows a web application window titled "Admin". At the top, there are three tabs: "Coder", "Manager", and "Sys Admin Only". The "Sys Admin Only" tab is currently selected. Below the tabs, the "Performance Report" section is active. It contains a "Parameters" box with "From" and "To" date pickers set to "7/17/2012", and radio buttons for "Open Date" and "Completed Date". A "Get Reviewers Performance" button is below this. To the right of the parameters box, there are radio buttons for "ICD10_Diag", "ICD10_Proc", "ICD9_Diag", and "ICD9_proc". Below these are buttons for "Pending Review Details", "Total Completed", "Total Pending" (displaying "0000"), and "UnLock Code". At the bottom of this section are buttons for "Export ICD10 CM", "Code Category", and "IQA Codes". On the right side of the window, there are two sections: "Add New User" with fields for "First Name", "Last Name", "User ID" (highlighted in yellow), "Password", and a "Role" dropdown, followed by a "Create New User" button; and "Update User Account" with a "User ID" dropdown (showing "AFleming"), a "Password" field, and buttons for "Change Password" and "Delete User".

The next screen on the Admin tab is the “Manager” screen.

Admin

Coder | Manager | Sys Admin Only

Performance Report

Parameters

From: 7/16/2012 ☐ Open Date
To: 7/17/2012 ☒ Completed Date

Get Reviewers Performance

Program	Reviewer	Status	Total
10To9	NKOOB	Completed	44
10To9	jcastonguay	Completed	424
10To9	dhart	Completed	447
9To10	NKOOB	Completed	73
9To10	dhart	Completed	31
9To10	afleming	Completed	5

ICD10_Diag | ICD10_Proc | ICD9_Diag | ICD9_proc

Pending Review Details

Total Completed: 0000

Total Pending

UnLock Code

Export ICD10 CM

Code Category

IQA Codes

Add New User

First Name:
Last Name:
User ID: **User ID**
Password:
Role:
Create New User

Update User Account

User ID: **AFleming**
Password:
Change Password
Delete User

To get the Performance Report, the user enters the correct from and to dates and then clicks on the “Get Reviewers Performance” button.

Admin

Coder **Manager** **Sys Admin Only**

Performance Report

Parameters

From: 7/17/2012 ☐ Open Date

To: 7/17/2012 ☐ Completed Date

Get Reviewers Performance

ICD10_Diag **ICD10_Proc**

ICD9_Diag **ICD9_proc**

Pending Review Details

Total Completed 0000

Total Pending

UnLock Code

Export ICD10 CM

Code Category

IQA Codes

Add New User

First Name:

Last Name:

User ID User ID

Password:

Role:

Create New User

Update User Account

User ID: AFleming

Password:

Change Password

Delete User

To get a list of all of the pending codes the user must first click on the code type (i.e. ICD10 diagnosis, ICD9 diagnosis, etc) and then click on the “Pending Review Details” button.

Iowa Department of Human Services
Iowa Medicaid Enterprise (IME)
Medical Services Unit

Display Reviews Status							
Program	Status	ICD_CODE	Reviewer	OpenDate	DaysOpen	LastUpdate	DaysLap
10CM T...	Avoid_Rule	N542	MHANSON	12/30/2011	200	7/3/2012 1:51 PM	14
10CM T...	Avoid_Rule	N5430	MHANSON	01/03/2012	196	7/3/2012 3:13 PM	14
10CM T...	Avoid_Rule	N5431	MHANSON	01/19/2012	180	7/3/2012 2:50 PM	14
10CM T...	Avoid_Rule	N5432	MHANSON	01/19/2012	180	7/3/2012 2:50 PM	14
10CM T...	Avoid_Rule	N5440	MHANSON	01/19/2012	180	7/3/2012 3:13 PM	14
10CM T...	Avoid_Rule	N5441	MHANSON	01/19/2012	180	7/3/2012 2:52 PM	14
10CM T...	Avoid_Rule	N5442	MHANSON	01/19/2012	180	7/3/2012 2:52 PM	14
10CM T...	Avoid_Rule	N545	MHANSON	12/30/2011	200	7/3/2012 1:51 PM	14
10CM T...	Avoid_Rule	N546	MHANSON	12/30/2011	200	7/3/2012 1:51 PM	14
10CM T...	Avoid_Rule	N5481	MHANSON	01/17/2012	182	7/3/2012 1:51 PM	14
10CM T...	Avoid_Rule	N5489	MHANSON	12/30/2011	200	7/3/2012 1:51 PM	14
10CM T...	Avoid_Rule	N549	MHANSON	12/30/2011	200	7/3/2012 1:51 PM	14
10CM T...	Escalated	N2550	JBRANDON	12/30/2011	200	4/10/2012 11:38...	98
10CM T...	Avoid_Rule	N25511	JBRANDON	01/18/2012	181	4/10/2012 11:39...	98
10CM T...	Avoid_Rule	N25512	JBRANDON	01/18/2012	181	4/10/2012 11:40...	98
10CM T...	Avoid_Rule	N25519	JBRANDON	01/18/2012	181	4/10/2012 11:41...	98
10CM T...	Avoid_Rule	N25521	JBRANDON	01/18/2012	181	4/10/2012 11:42...	98
10CM T...	Avoid_Rule	N25522	JBRANDON	01/18/2012	181	4/10/2012 11:42...	98
10CM T...	Avoid_Rule	N25529	JBRANDON	01/18/2012	181	4/10/2012 11:44...	98
10CM T...	Avoid_Rule	N25531	JBRANDON	01/18/2012	181	4/10/2012 11:44...	98
10CM T...	Avoid_Rule	N25532	JBRANDON	01/18/2012	181	4/10/2012 11:45...	98
10CM T...	Avoid_Rule	N25539	JBRANDON	01/18/2012	181	4/10/2012 11:45...	98
10CM T...	Avoid_Rule	N25551	JBRANDON	01/18/2012	181	4/10/2012 11:46...	98

This brings up a “Display Review Status” table that lists all the pending codes by reviewer. This can be saved to an Excel spreadsheet if necessary.

Admin

Coder Manager Sys Admin Only

Performance Report

Parameters

From: 7/17/2012 ☐ Open Date

To: 7/17/2012 ☐ Completed Date

Get Reviewers Performance

ICD10_Diag ICD10_Proc

ICD9_Diag ICD9_proc

Pending Review Details

Total Completed

Total Pending **1784**

UnLock Code

Export ICD10 CM

Code Category

IQA Codes

Add New User

First Name:

Last Name:

User ID **User ID**

Password:

Role:

Create New User

Update User Account

User ID:

Password:

Change Password

Delete User

To get the total number of pending codes by code type the user must first click on the desired code type and then click on the “Total Pending” button.

Admin

Coder **Manager** **Sys Admin Only**

Performance Report

Parameters

From: 7/17/2012 ☐ Open Date

To: 7/17/2012 ☐ Completed Date

Get Reviewers Performance

Total Completed **54218**

Total Pending

Pending Review Details

UnLock Code

Export ICD10 CM

Code Category

IQA Codes

Add New User

First Name:

Last Name:

User ID **User ID**

Password:

Role:

Create New User

Update User Account

User ID: A Fleming

Password:

Change Password

Delete User

To get the total number of completed codes by code type the user must first click on the desired code type and then click on the “Total Completed” button.

Admin

Coder Manager Sys Admin Only

Performance Report

Parameters

From: 7/17/2012 Open Date
To: 7/17/2012 Completed Date

Get Reviewers Performance

ICD10_Diag ICD10_Proc
ICD9_Diag ICD9_proc

Pending Review Details

Total Completed
Total Pending: 0000

905.5 **UnLock Code**

Export ICD10 CM
Code Category
IQA Codes

Add New User

First Name: _____
Last Name: _____
User ID: User ID
Password: _____
Role: _____
Create New User

Update User Account

User ID: AFleming
Password: _____
Change Password
Delete User

To unlock codes the user must first click on the code type and then enter the code number that needs to be unlocked and then click on the “Unlock Code” button.



The above message will appear once the code has been unlocked.

This screen is also where a new user can be added to iMAG or a user's account can be updated or deleted. Only certain users (i.e. managers) have the authority to make these changes.

The screenshot shows the 'Admin' window with three tabs: 'Coder', 'Manager', and 'Sys Admin Only'. The 'Sys Admin Only' tab is active, displaying the 'Performance Report' section. This section includes a 'Parameters' box with 'From' and 'To' date pickers set to 7/17/2012, and radio buttons for 'Open Date' and 'Completed Date'. Below this is a large grey rectangular area. To the right of the parameters are buttons for 'Pending Review Details', 'Total Completed' (displaying 0000), 'Total Pending', 'UnLock Code', 'Export ICD10 CM', 'Code Category', and 'IQA Codes'. Further to the right are two sections: 'Add New User' with fields for First Name, Last Name, User ID, Password, and Role, and 'Update User Account' with a User ID dropdown (showing 'AFleming') and a Password field. Both sections have buttons for 'Create New User', 'Change Password', and 'Delete User'.

The three remaining buttons on this screen have restricted administrative rights. They are the “Export ICD10 CM”, the “Code Category” and the “IQA codes” buttons. These buttons perform the following functions:

Export ICD10 CM – Pressing this button exports a report of all current data from IMAG in a format that is ready for upload directly into MMIS.

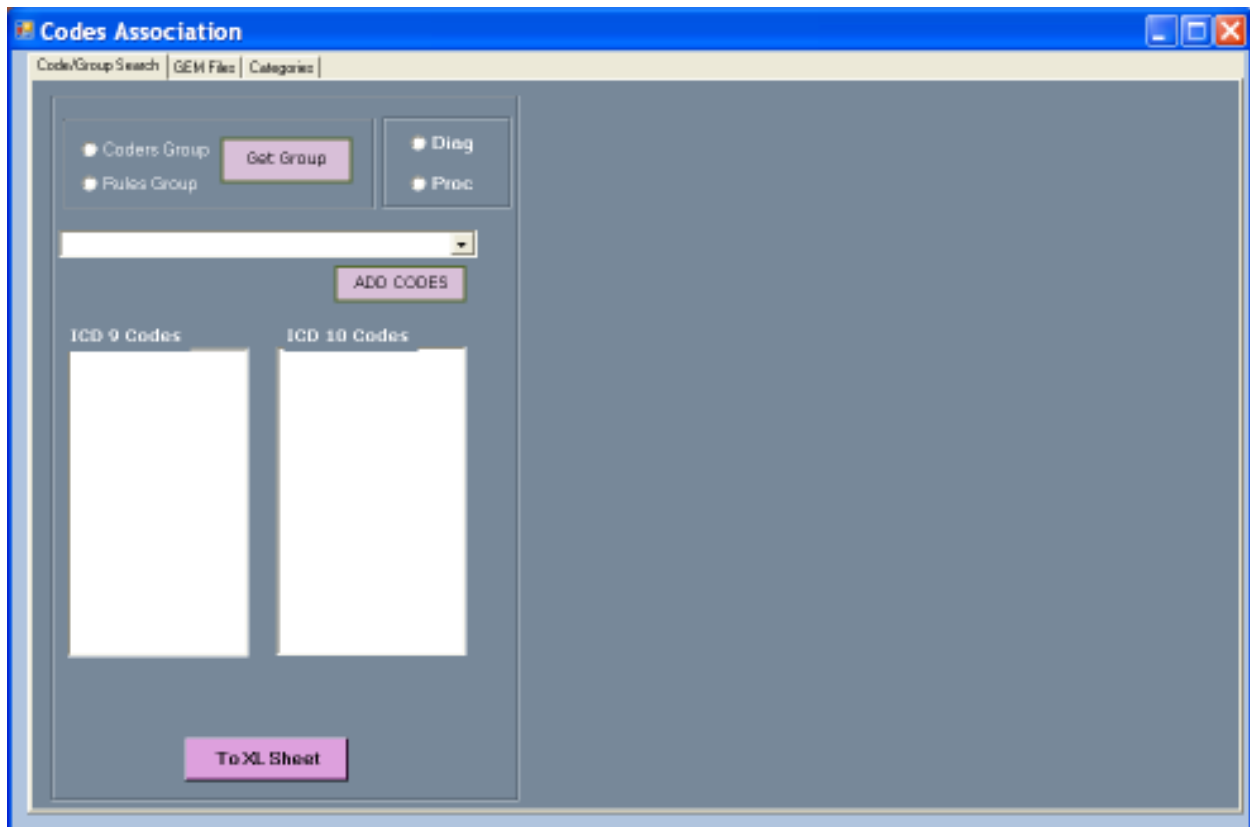
Code Category – Pressing this button exports a report of current IMAG categories and associated codes.

IQA codes – Pressing this button exports a specified number of randomly selected completed codes from IMAG for each coder, to be reviewed for IQC (Internal Quality Control) purposes.

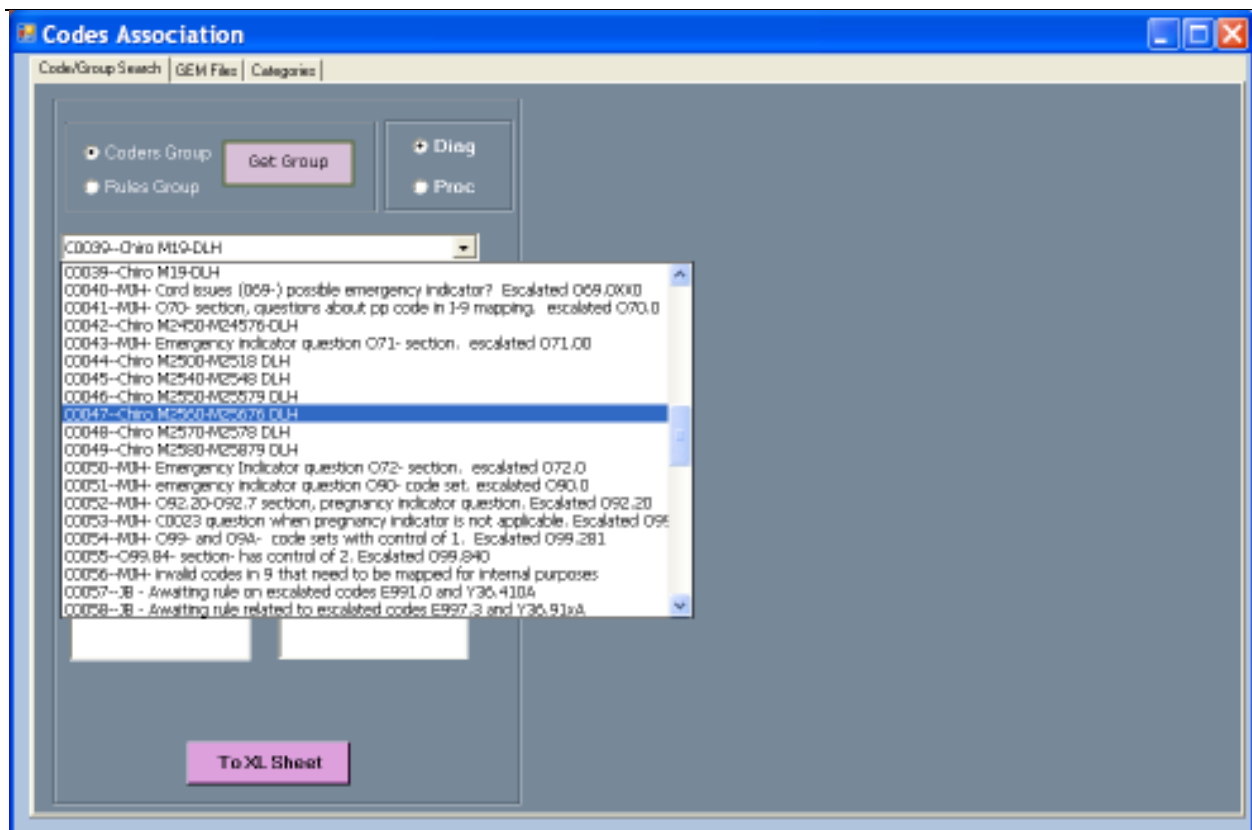


The last screen on the Admin tab is "Sys Admin Only". This screen contains reference files and is only used by the programmer

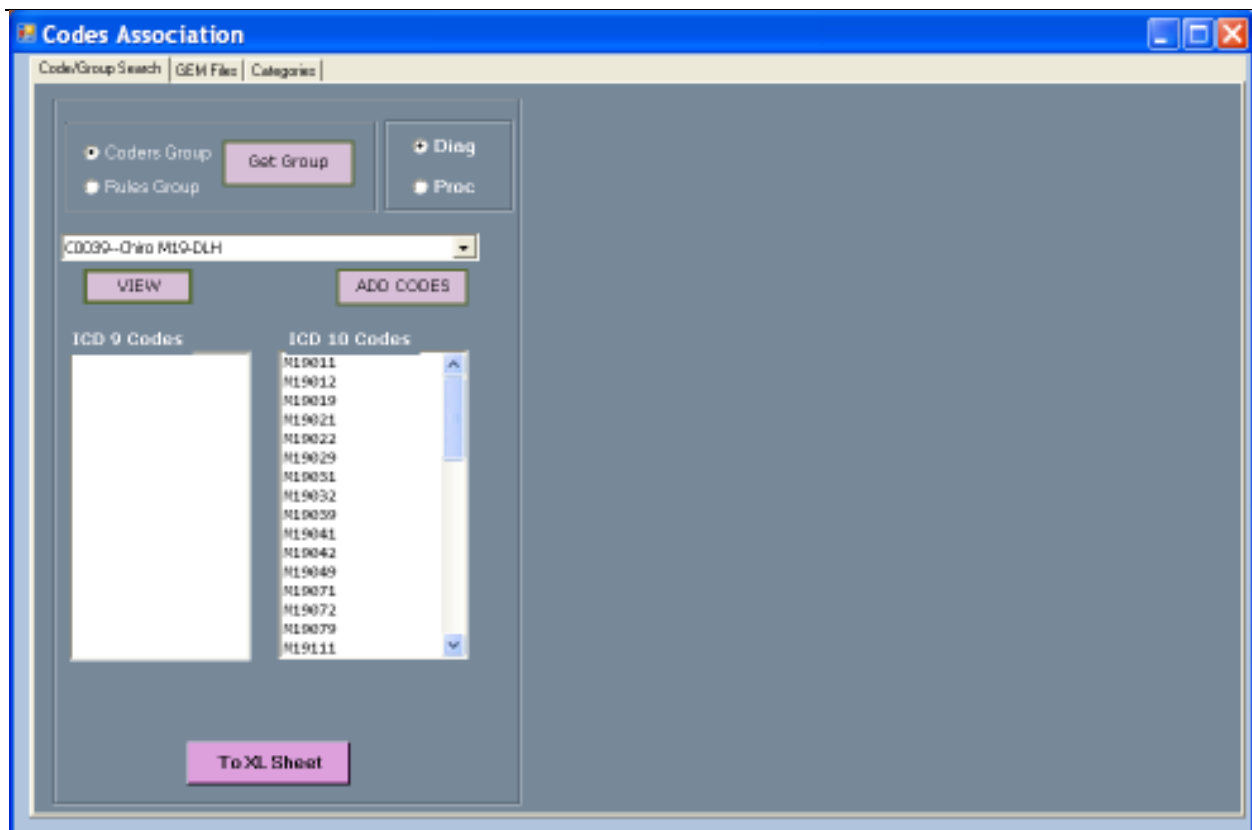
Chapter 6 ** Analysis/Codes Association



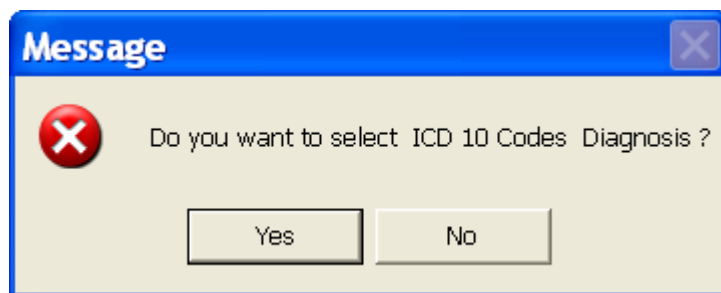
The first screen on the Analysis tab is called "Code/Group Search". This is where coders can add codes to a coders group and Quality Improvement Facilitators can add codes to a rules group.



The user must first click on the type of group desired (i.e. coders group vs. rules group) and the type of code (i.e. diagnosis vs. procedure). Then the user selects the correct coders group or rules group from the drop down box.



After the user selects the correct group and clicks on the “View” button the codes that had previously been assigned to the group will appear.



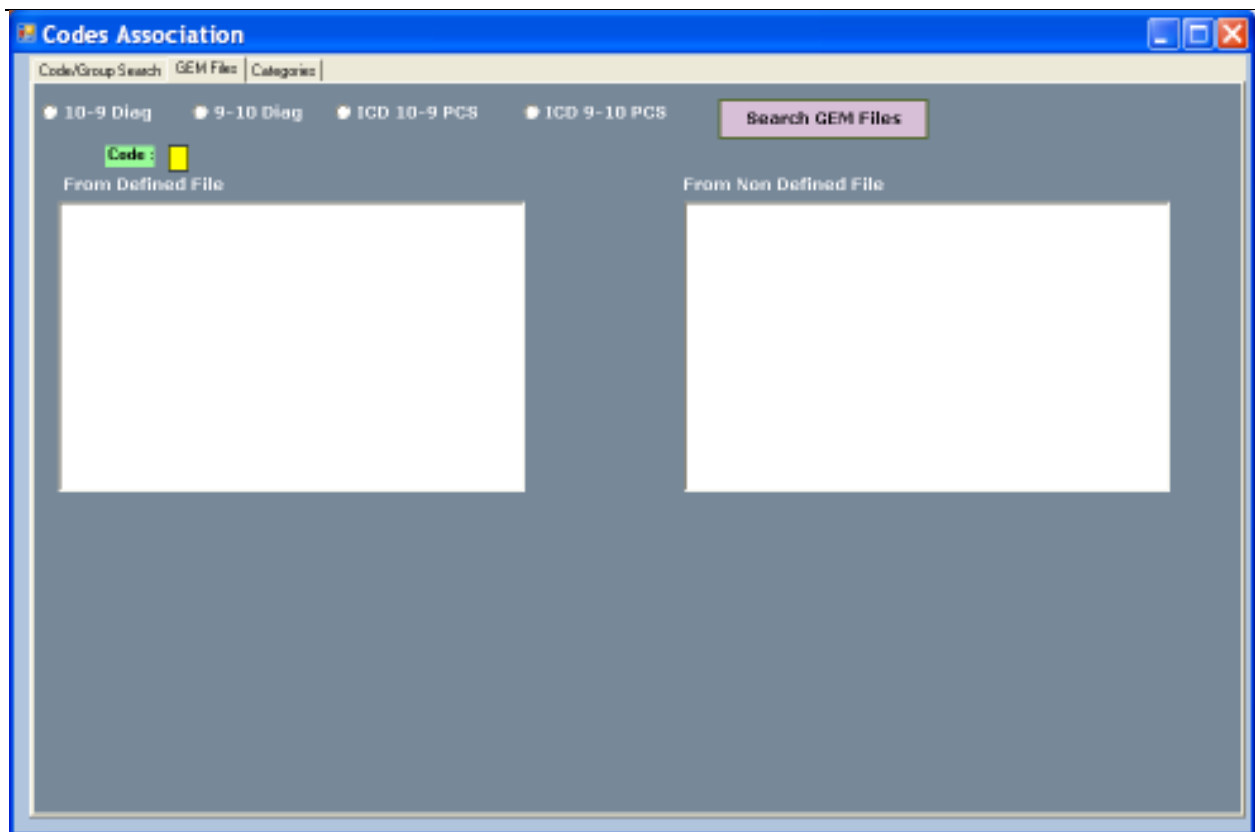
If the user wishes to enter additional codes to the group they need to click on the “Add codes” button and the above message box will appear.

The screenshot shows a software window titled "SearchICDCodes". At the top, there is a tab labeled "Search ICD 10CM Codes". Below the tab are two radio buttons: "Begins" (which is selected) and "Part Of The Desc". To the right of these buttons is a small text input field. Below the input field is a large, empty rectangular box for displaying search results. To the right of this box is another large, empty rectangular box labeled "SELECTED CODES". At the bottom of the window, there are several buttons: "CANCEL", "Save This Search List", "SELECT CODE/S", "Clear Item", and "Save Selected Codes TO XL".

If the user clicks on yes on the message box on the previous page the "Search ICD Codes box appears. See pages 14-17 for the instructions on how to search these codes. The user may select as many codes as necessary to be added to the group. The "Search List" and "Selected Codes" list can be saved to an Excel spreadsheet if desired.

The screenshot shows a "Message" dialog box with a red 'X' icon. The text inside the box asks: "Do you want to select ICD 9 Codes Diagnosis ?". At the bottom of the dialog box, there are two buttons: "Yes" and "No".

After the user is finished selecting the ICD-10 codes, they will get this box and the same process is repeated to select the ICD-9 codes for the group.



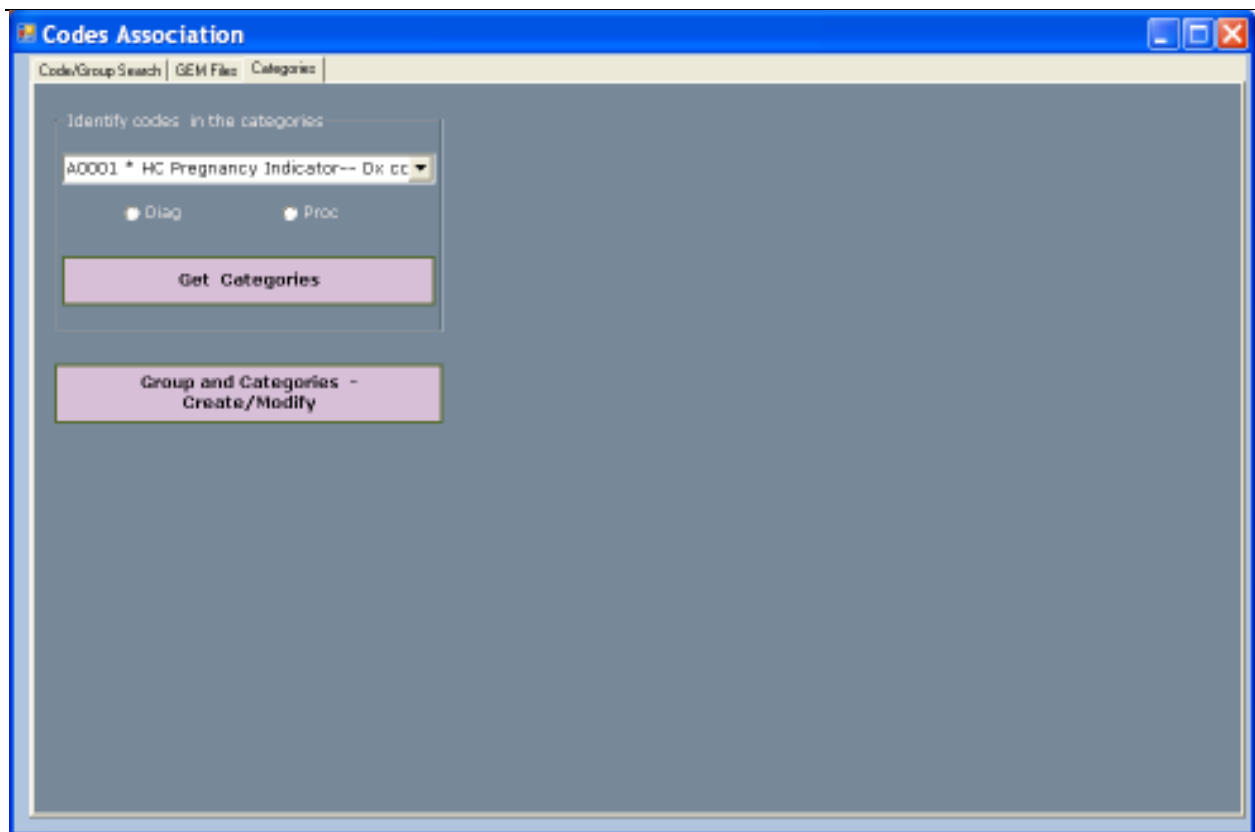
The next screen on the Analysis/Codes Association tab is the “GEM Files”. The user must select the code type and then hit the “Search Gem Files” button.

The screenshot shows a software window titled "SearchICDCodes" with a blue title bar. Inside the window, there is a tab labeled "Search ICD 10CM Codes". Below the tab are two radio buttons: "Begins" (which is selected) and "Part Of The Desc". To the right of these buttons is a small text input field. Below the input field is a large, empty rectangular box for search results. To the right of this box is another large, empty rectangular box labeled "SELECTED CODES". At the bottom of the window, there are several buttons: "CANCEL", "Save This Search List", "SELECT CODE/S", "Clear Item", and "Save Selected Codes TO XL".

See pages 14-17 for the instructions on how to search these codes. The "Search List" and "Selected Codes" list can be saved to an Excel spreadsheet if desired.

The screenshot shows a window titled "Codes Association" with a blue title bar. Inside, there are tabs for "Code/Group Search", "GEM Files", and "Categories". Below the tabs, there are four radio buttons: "10-9 Diag", "9-10 Diag", "ICD 10-9 PCS", and "ICD 9-10 PCS". A "Search GEM Files" button is to the right. Below the radio buttons, there is a "Code:" label followed by a yellow box containing "0001". Underneath, there are two large white boxes. The left box is labeled "From Defined File" and contains the code "63310". The right box is labeled "From Non Defined File" and contains the code "63311".

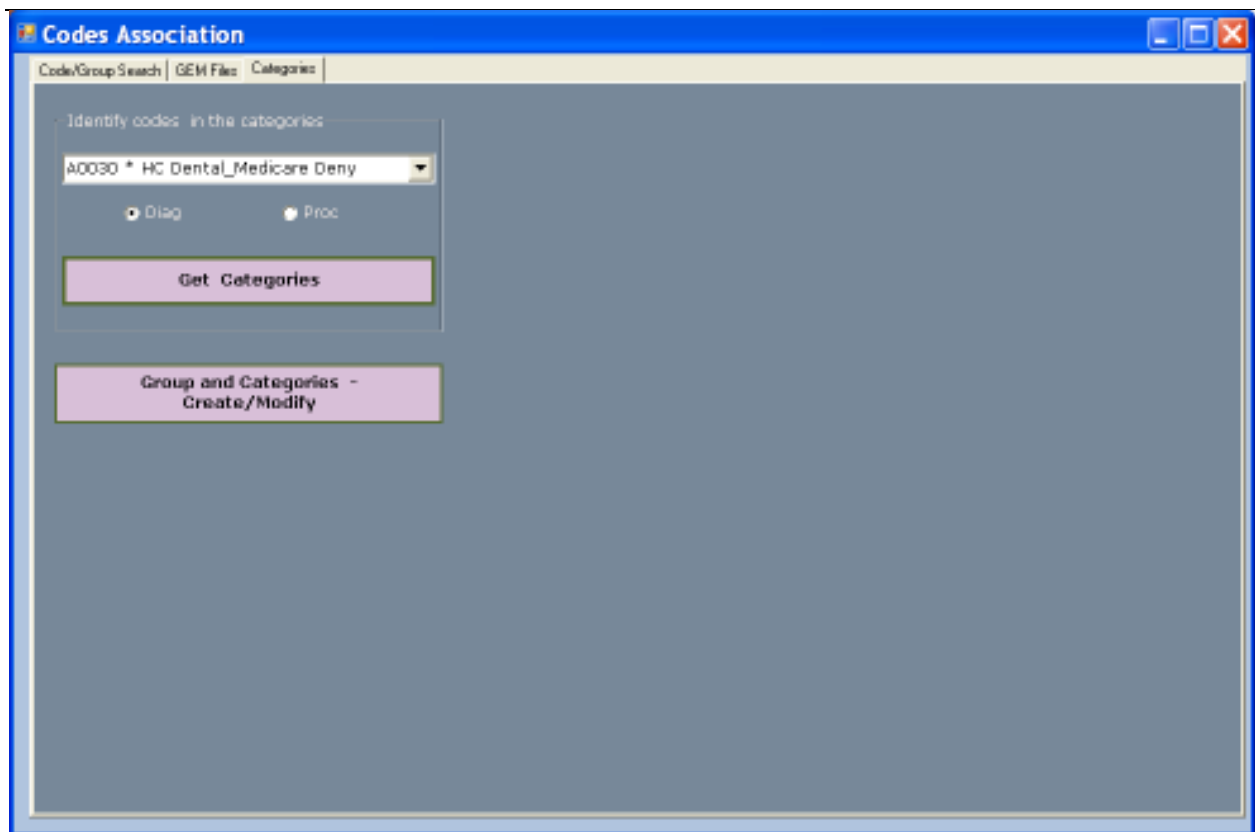
Once the user selects the source code the target codes populate in the defined file and non-defined file boxes.



The last screen on the Analysis/Codes Association tab is “Categories”. This screen is where the user can obtain the codes that have been linked to a category. The user selects the category they wish to see and clicks on the “Get Categories” button.

DisplayTableData				
Category	Type	ICDCode	Match	XOverCode
A0030	I10	K000 -- Anodontia	Y	520.0 -- ANODONTIA
A0030	I10	K001 -- Supernumerary teeth	Y	520.1 -- SUPERNUMERARY TEETH
A0030	I10	K002 -- Abnormalities of size and form of teeth	Y	520.2 -- ABNORMALITIES OF SIZE AN
A0030	I10	K003 -- Mottled teeth	Y	520.3 -- MOTTLED TEETH
A0030	I10	K004 -- Disturbances in tooth formation	Y	520.4 -- DISTURBANCES OF TOOTH FO
A0030	I10	K005 -- Hereditary disturbances in tooth structure, NEC	Y	520.5 -- HEREDITARY DISTURBANCES
A0030	I10	K006 -- Disturbances in tooth eruption	Y	520.6 -- DISTURBANCES IN TOOTH ER
A0030	I10	K007 -- Teething syndrome	Y	520.7 -- TEETHING SYNDROME
A0030	I10	K008 -- Other disorders of tooth development	Y	520.8 -- OTHER SPECIFIED DISORDER
A0030	I10	K009 -- Disorder of tooth development, unspecified	Y	520.9 -- UNSPECIFIED DISORDER OF
A0030	I10	K010 -- Embedded teeth	Y	520.6 -- DISTURBANCES IN TOOTH ER
A0030	I10	K011 -- Impacted teeth	Y	520.6 -- DISTURBANCES IN TOOTH ER
A0030	I10	K023 -- Arrested dental caries	Y	521.04 -- ARRESTED DENTAL CARIES
A0030	I10	K0251 -- Dental caries on pit and fissure surface limited to	Y	521.01 -- DENTAL CARIES LIMITED TO
A0030	I10	K0251 -- Dental caries on pit and fissure surface limited to	Y	521.06 -- DENTAL CARIES PIT & FISS
A0030	I10	K0252 -- Dental caries on pit and fissure surfc penetrat int...	Y	521.02 -- DENTAL CARIES EXTENDED
A0030	I10	K0252 -- Dental caries on pit and fissure surfc penetrat int...	Y	521.06 -- DENTAL CARIES PIT & FISS
A0030	I10	K0253 -- Dental caries on pit and fissure surface penetrat i...	Y	521.03 -- DENTAL CARIES EXTENDING
A0030	I10	K0253 -- Dental caries on pit and fissure surface penetrat i...	Y	521.06 -- DENTAL CARIES PIT & FISS

This brings up the “Display Table Data” list that shows all the codes attached to the category. This list can be copied and pasted into an Excel spreadsheet if necessary.



The user clicks on the “Group and Categories – Create/Modify” button on the Analysis/Codes Association screen to create and/or edit coders groups, categories, and rules groups.

The screenshot shows a software window titled "ICDCMGroups" with a standard Windows-style title bar (blue background, red close button). Inside the window, there is a tabbed interface with the first tab selected, labeled "Create/Edit a New Group / Category".

On the left side of the main content area, there is a vertical list of three radio buttons, each with a label:

- ☐ Coders Group
- ☐ Category
- ☐ Rules Group

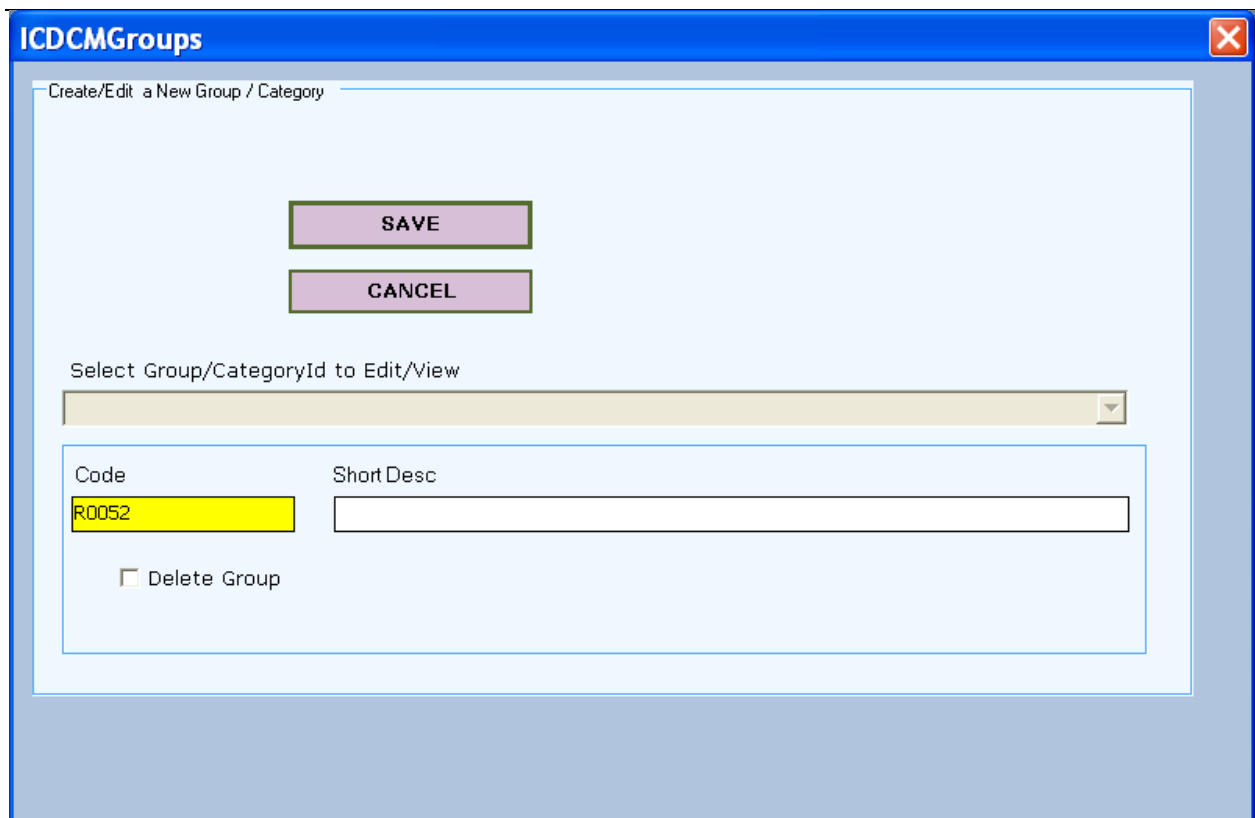
To the right of these radio buttons are three buttons arranged vertically:

- Create New Group** (purple button)
- SAVE** (purple button)
- CANCEL** (purple button)

To the right of the "SAVE" and "CANCEL" buttons is a single button labeled **EDIT or VIEW** (purple button).

Below these buttons, there is a text label "Select Group/CategoryId to Edit/View" followed by a horizontal dropdown menu with a yellow background and a small downward arrow on the right side.

This is the screen that pops up after the user clicks on the "Group and Categories – Create/Modify" button. The user selects the type of group they want to create and/or edit and clicks on the appropriate button (i.e. "create new group" or "edit or view" button).



The image shows a software dialog box titled "ICDCMGroups" with a standard Windows-style title bar (blue background, red close button). The dialog has a light blue background. At the top, there is a tab labeled "Create/Edit a New Group / Category". Below the tab, there are two purple buttons with black text: "SAVE" and "CANCEL". Below these buttons is a label "Select Group/CategoryId to Edit/View" followed by a yellow dropdown menu. Below the dropdown is a white rectangular area containing two input fields. The first field is labeled "Code" and contains the text "R0052". The second field is labeled "Short Desc" and is empty. Below the "Code" field is a checkbox labeled "Delete Group".

ICDCMGroups

Create/Edit a New Group / Category

SAVE

CANCEL

Select Group/CategoryId to Edit/View

Code

R0052

Short Desc

☐ Delete Group

This box pops up if the create new group button is selected. The user enters a short description of the group and then clicks on the "Save" button.

ICDCMGroups

Create/Edit a New Group / Category

SAVE

CANCEL

Select Group/CategoryId to Edit/View

R0001--Pregnancy indicator -- Complete or unspecified AB codes do get the indicator (see Policy minutes 12/28/11)

This is the box that pops up in the edit or view button is selected. The user chooses the correct group they wish to edit or view and then can make changes if desired. After the changes are made the user clicks on the “Save” button.

The screenshot shows a web application window titled "ICDCMGroups". Inside the window, there is a form titled "Create/Edit a New Group / Category". The form contains the following elements:

- Two buttons: "SAVE" and "CANCEL".
- A label: "Select Group/CategoryId to Edit/View".
- A dropdown menu showing the selected item: "A0007-- Chiropractic III -- Category III codes in Provider manual and on hard coded list".
- A table with two columns: "Code" and "Short Desc".
- A checkbox labeled "Delete Group".

Code	Short Desc
A0007	Chiropractic III -- Category III codes in Provider manual and on hard coded list

☐ Delete Group

A category can be deleted by checking the "Delete Group" box and then clicking on the "Save" button.